13061

CERTIFICATE OF DEATH

13057

	YOUGH	OLICIT	IVA	OI DEATI			Reg. Dist. No.	
t. PLACE OF DEATH a. COUNTY	Wicomico	MARY	- 11	USUAL RESIDENCE (WHO STATE Mary		ved. If institution b. COUNTY	ni Residence befor W1CON	
b. CITY OR TOWN (RURAL and give n	If autiside corporate limits, we corest town) Salisbury		IN 16	2 Sali	outside corporet sbury	e limits, write RL	JRAL and give nea	rest town)
d. NAME OF HOSPIT OR INSTITUTION	Pen Gen H	reet-address)		d. STREET ADDRESS	Martin	St		ON A FARM
NAME OF DECEASED (Type or print)	First ATWOOD	Middle		tosi BEDSWORTH	4. DATE OF DEATH	NOV.	h 00 24t	
Male	2.50	MARRIED NEVER MARRIE		ept.29,19		AGE (In years lost birthday) 55 yrs.	Manths Days	Hours Mi
during most of wor Laborer	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS O	RINDUSTRY	11. BIRTHPLACE (SION Maryland	or foreign caur	ilry)	U S	F WHAT COUR
3. FATHER'S NAME			14	MOTHER'S MAIDEN N	IAME			
	H. Bedswort			Sallie W	indsor			
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service) W. W. # 2	16. SOCIAL SECURITY NO.	Mrs	Fruitla		ister"	P.O.B.#	194
Conditions, if o gave rise to i couse (a), stating lying couse lost.	mmediale (edemon 70 to Bracks	Mys Pors	related to the termi	Carles Marchael Marchael	west &	Lupisto	CICLLY 9. WAS AUTO
S L		DESCRIBE HOW INJURY OF						PERFORMED YES NO
OR CONTRIBUTING	S UNDERLYING 206. CAUSE OF DEATH MEDICAL EXAMINER		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
20c. TIME OF INJUR	W	Od. INJURY OCCURRED Thile Not while work at work	20e. PLACE (foctory,	OF INJURY (Home, form street, office bldg., etc.	. 20f. (City or	fown)	(County)	(Si
21. I certify the alive an Actual SIGNATURE	roll oftended the dec	Reased fram. 11/2 19, and that A Hearn	death acc		_M, fram		that I last so and an the day Nov.	DATE SI
20. BURIAL, CREMATIO REMOVAL (Specify) BUT181	Nov. 27, 19	22c. NAME OF CEME 58 Oriole	TERY OR CR		22d. LOCATIO Orio	N (City, town, o	ryland	(State)
3. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS			BY REGISTRA	R 245. REGIS	TRAR'S SIGNATUR	E
HOLLOWAY &	& COMPANY	SALISBURY	MARY	LAND DATE NO	V 2 6 '58	and	huy S. this	4"

il director, filed with y the attending physicion and completely filled in by Then please remove carbon papers. Pages 1 and 2 event within 72 hours after death. ol or attending physician.
his certificate has been signed by 11
vse as the burial-transit permit. Tl
ematian, or removal, and in any ev TO FUNERAL DIRECT
page 3 should be do
the registror prior to

requires that the death certificate be executed within 24 hours after

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The low VS A15 (4) ISM 9/SS

siegaliber & mening respected was and the man in the free course and they be loved Regionary James Company Their Strains THE PERSON NAMED OF THE PARTY O 1 25 HEIN 351 h C/M Literated as to many

VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13116 CEPTIFICATE OF DEATH CERTIFICATE OF DEATH

13058 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Wi COMI CO	MARYLAND 2. U	SUAL RESIDENCE (Where dece . STATE Mary land	osed lived. If institution b. COUNTY	Wi comi	
RURAL ond give nearest town)	X	, city or town (if auside co Hebron	irporate limits, write RI	JRAL and give near	rest town)
d. NAME OF HOSPITAL (If not in haspital, give street addre OR INSTITUTION	"Home /		ron Box	372	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECRASED (Type or print) Mapvin	a Middle Bir	ckhead of	E Moni	h Day	Year 19 58
s. sex 6. COLOR OR RACE 7. MARRIED [WIDOWED]	= 1 7	724/ 1890	9. AGE (In years jest birthday) of yrs.	Manths Days	Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired) 1.abor 13. FATHER'S NAME		Maryland Mother's Malpen Name	n country)		WHAT COUNTRY?
Noah Birckhead 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCI.		Marry E. We	st		
(Yes, no, or unknown) (If yes, give wor or dates of service)	Saral				x 372
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (6)	o, (b), and (c).] Her	ombosis		ONS	RVAL BETWEEN ET AND DEATH
Conditions, if ony, which gave rise to immediate coese (a), stating the underlying couse tost. Part II. OTHER SIGNIFICANT CONDITIONS CONTI	TOWARY OF RIBUTING TO DEATH BUT NOT		EASE CONDITION GIV	EN IN PART 1(0) 19	. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTINUED TO CONTRIBUTIONS INDERLYING II 20b. DESCRIBE OR CONTRIBUTIONS II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Ent	er noture of injury in Port I or	Part II of item 18.)		YES NO NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY		F INJURY (Home, farm, 20f. [street, affice bldg., etc.)	City or lown]	(County)	(State)
21. I certify that I attended the deceased for a tive on November 1971958 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	nom, and that death occur	urred at 2 A.M. f	The, 1958 rom the causes a street, city or town	nd on the date of the later of	
hurial 11/13/58	. NAME OF CEMETERY OR CRE		CATION (City, town, o	**	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Clinton F. Stellart Sal	ADDRESS estent mid	240. REC'D 8Y REC DAYE 4 7 158	GISTRAR 246. REGIS	TRAR'S SIGNATUR	

ATTLE E		NAME OF A PARTY OF			
The state of the s		CERTIFICATI OF			
		STEEL STREET			
	and the principle	ANNA TH	HINE		
			The state of the s		
			Chicago and the second		
ę					
			4		
			A ST	100	
				1-11-11-	
				101	
				100	
	Kert PV netcon				
		14-1	AS BUT	455	
	AND THE RESERVE			The second second	
		Non-Year		121.50 34	

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

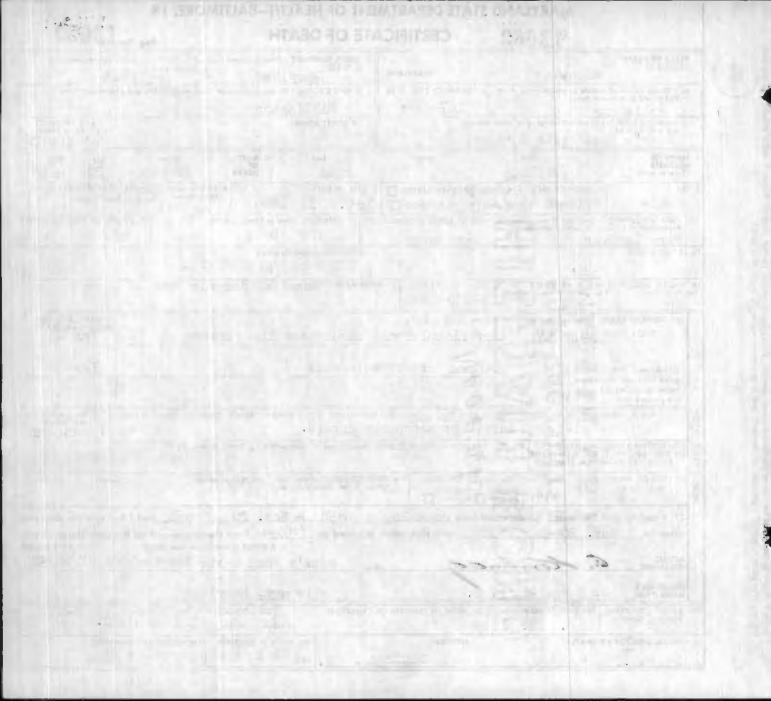
13062

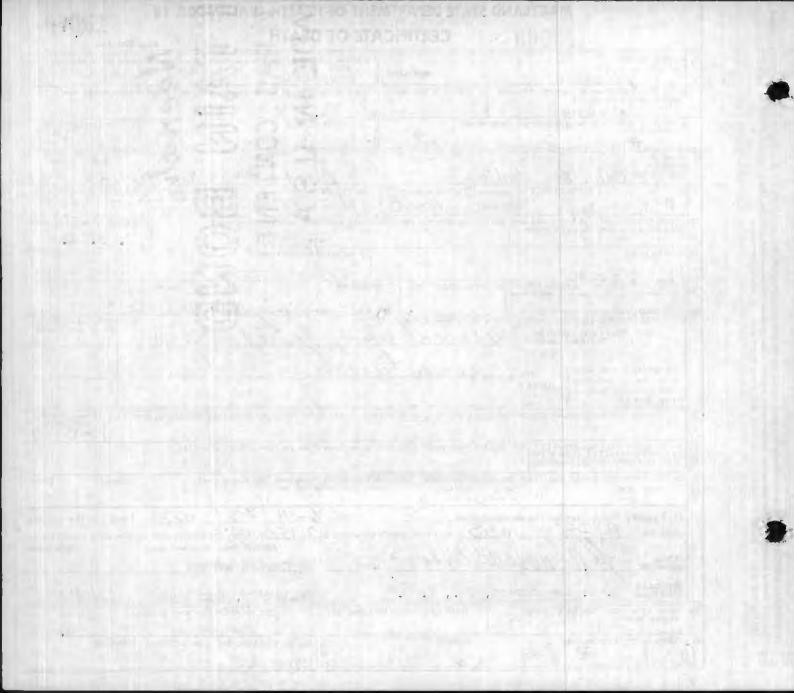
CERTIFICATE OF DEATH

Reg. Dist. 13059

1.	PLACE OF DEATH a. COUNTY	Wicomico		MARYLAN	a. STATE	BNCE (Where dece		nstitution: DUNIY	Residence b		ssion}
	B. CITY OR TOWN RURAL and give r	(If outside corporate limit nearest town)	s, write	c. LENGTH OF STAY IN 1		OWN (If autide co	orporate limits,		-	nearest 10v	vn)
-	Salisb			147 days		lington		14	X-d		
	or institution Deer's	TAL (If not in hospital, gi Head State 1	Hospi	tal	d. STREET AL	DRESS				ON	A FARM?
3.	NAME OF DECEASED (Type or print)	fin Willi		Middle	Bond	4. DA OF DEA		Month	ber	20	Year 19 58
5.	Male	0-33	7. MARR	IED NEVER MARRIED DIVORCED			9. AGE (In last birth		UNDER I YE	-	
	Farm lab	rking life, even if refired)	lane 10b.	Farm work	Mar	yland	gn country)		12. CITIZEN		T COUNTRY?
13.	FATHER'S NAME	unk.			14. MOTHER'S Eliz	waiden Name	Tohnson	n			
	WAS DECEASED EV	ER IN U. S. ARMED FORG Iff yes, give war or dates of se		SOCIAL SECURITY NO. 17 2-12-4309	INFORMANT]	ospital	Records	Address			
		ATH [Enter only one con ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	A-	rteriosclero	tic cardio	vascular	disease		0	NTERVAL B	DETWEEN DEATH
NOI	Conditions, if ony, which gove rise to immediate coute (a), stating the under lying coute last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Various ulcer of left leg; secondary anemia.										
CERTIFICATION	200. ACCIDENT W	AS UNDERLYING TO		t leg; second			Port II of item	18.)] NO 11
	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUS	MEDICAL EXAMINER									
MEDICAL	Hour o. m.	RY Manth, Doy, Yea	While	Nat while at work	PLACE OF INJURY (H foctory, street, affice	blog., etc.)	(City or fawn)		{Coun	ty)	(State)
			, 12.5	ed from June 26	ath occurred at	7:45AM, F	rom the cau \$ (Street, city or	ises and town, sto	d an the a	date stat	
	PHYSICIAN'S NAME (Type)	G. Kosmahly	у, М.	5.	Sal	isbury, l	Maryland	ì			
	PURIAL CREMATIC REMOVAL ESPECITY PATRICE TO FUNERAL DIRECTOR	1.0V. 23		58 Pomon	a	near (Cheste:	rtow	AR'S SIGNA		ole)
2	Kennett	Wallow	-	Chestert	1	DATE NOV 2	5 '58 ZAB		MY S. K		

VS A15 (4) 15M 9/SS



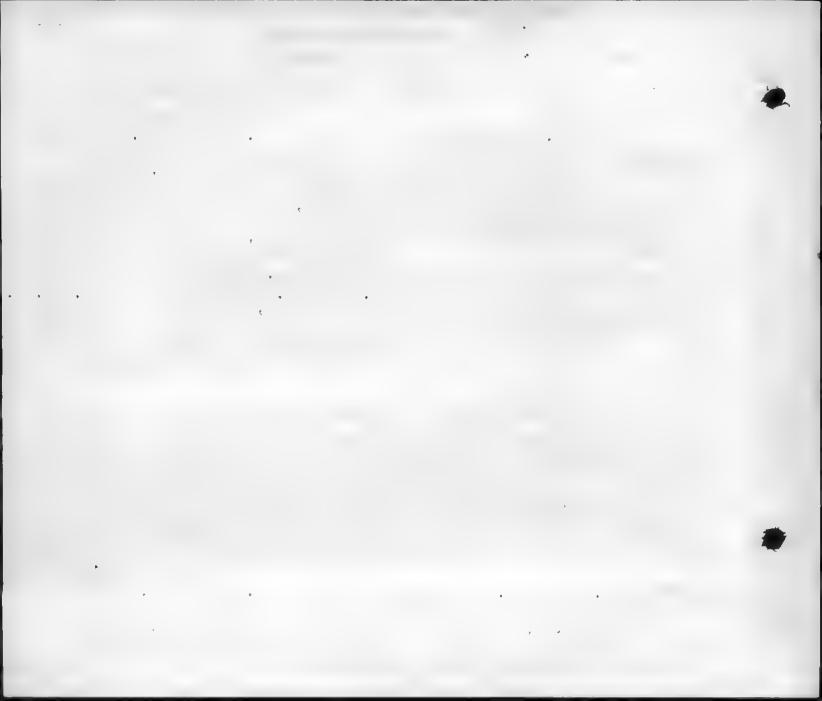


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY Wicomico Wicomico MARYEAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h RURAL and give nearest town) Mardela Mardela Springs, Md. Springs d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS ON A FARM? 03 RED RFD YES NO NAME OF Middle Lost 4. DATE Month Day Yeor DECEASED Nov. 158 (Type or print) DEATH Sherman Edward Brown 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF SIRTH 9. AGE (In years lost birthday) Months Days Haurs Male Col DIVORCED [7] June 2.1887 WIDOWED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Larmer (Retired) Farm USA owner Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Brown Virginia Molock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Bessie Brown, Mardela Springs. 212-16-7398 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSEL AND DEATH d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 400 Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES I NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stole) (County) factory, street, office bldg., etc.) Hour o.m. While Not while of work at work 1958, that I last saw the deceased 21. I certify that I attended the deceased from Land , and that death accurred at 10 1 alive an W. M. from the causes and an the date stated above. ADDRESS (Street, city or lown, stole) DIRECT ACTUAL PHYSICIAN'S NAME (Type) FUNER. 3 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) bode Mardela Springs, Zion Md. RFD 0 23-FUNDRAL DIRECTORISISIGNATURE 240. REC'D BY REGISTRAR NOV 1 300 24b. REGISTRAR'S SIGNATURE arthur & Traces

VS A15 (4)

ANN L		TA CERTIFICAT	2 - 0 -
٨			
	1000		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



		7900	5	CERT	IFICA	ATE OF DEA	TH		Reg. Di	st. No.		
	o. COUNTY WI	comico		MAR	YLAND	2 USUAL RESIDENCE o. STATE Mary		d lived. If instituti b. COUNTY				sion)
	b. CITY OR TOWN (II RURAL ond give ne Salisbur		ls, wrîl e	3 yrs 1 m		e. CITY OR TOWN Secret		orote timils, write R	URAL and	give nec	arest fow	n)
	A NAME OF HOSPIT	At (If not in hospitol, g ad State Ho	ive street Ospit	oddress)		d STREET ADDRES	SS .					SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Jenni	sl	Middle Lee	•	Carroll	4. DATE OF DEATH	Mon Nov.		Do		Yeor 19 58
	Female	6. COLOR OF RACE White	7 MARE			3/5/1867		9. AGE (in years lost birthdoy) 91 yrs	Months	Days	IF UNDI Haurs	ER 24 H
	?	N (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINESS (OR INDUS		ilote or foreign c	ountry)	12. CI1		SA	COUN
\L	John Me						en name & LeComp	ote				
1	(Yes no or unknown) Unk.	RINU S. ARMED FOR Il yes, gere war or dotes of s	CES? 16.	SOCIAL SECURITY NO). 17 II	Hosp:	ital Rec	cords Add	res3			
		nmediote (rterioscle	eroti	c heart dis	sease			ONS	Year Year	DEATH
- 1	200 ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURREC	NOT RELATED TO THE TO	y in Port 1 or Por	t II of item 18.)			PERFO YES	NO [
	Hour a.m.	19	While of wor		foc	CE OF INJURY (Home, tary, street, office bldg.,	, etc.)			County)		(Stol
		at l attended the evember 3	_ 12.5 (de	()		accurred at 6: Deer's Salis	ADDRESS IS B Head S		and on the	he da	te state	
	220 BLR AL, CREMATION REMOVAL (Specify)	mour B	F T	Fait 1	LLU.	Market	L 22d LOCA	TION (City, lown, of	m	ark	1 (5)01 I.T.	m
	23 FUNTERAL DIRECTORY	SSIGNATURE SEE	Hay	DOREST	7/1	now 7/ 240/	REC'EL BY REGIST	TRAR58 246. REGI	STRAR & SIG	GNATH	ENA	

director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR Steer this certificate has been signed by the ottending physician and campletely filled in by the fupage 3 should be developed for use as the burial-transit permit. Then please remome carbon papers. Pages 1 and 2 should the registrar prior to burial, cremotian, or removal, and in any event within 72 pours after death. VS A15 (4) 15M 9/SS

ist the part " is"

THE RESERVE AND ADDRESS.

c LENGTH OF STAY IN 16

YES NO IX

Yeor

19 €

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES | NO |

(Slate)

DATE SIGNED

(Stote)

Wicomico

c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) lown

b. COUNTY

a. STATE

Maryland

Salisbury

1. PLACE OF DEATH

LILEMICO b. CITY OR TOWN (if outside corporate limits, write

to both wit d NAME OF HOSPITAL (If not in haspital, give street address)

RURAL and give nearest fown)

OR INSTITUT ON

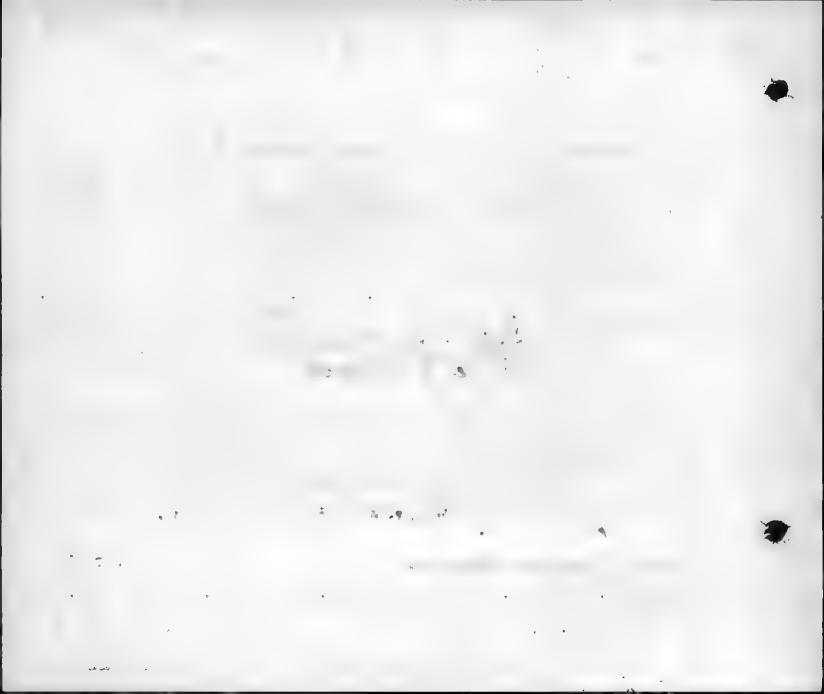
a COUNTY

FUNERAL page 0 VS A15 (4)

15M 10/57

DLNGTIAL NAME OF Middle Last 4. DATE DECEASED (Type or print) DEATH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last_birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months DIVORCED | WIDOWED A 81 10a. USUAL OCCUPAT ON (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Virginia Laborer ID. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HINE VIIN MIE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 16"18th Road N. Stevens-61 Mr.Louis 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0) Canditions, if any, which gave rise to immediate DUE TO couse (o), sloting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) Hour o. m. factory, street, office bldg., etc.) While Not while al work al wark 10 NM 23 19 Sthat I last saw the deceased 21. I certify that I attended the deceased from _, and that death accurred at 8122 M, from the causes and an the date stated above ADDRESS (Street, city or lown, state) **ACTUAL** SIGNATURE 226 N. Division St. Salisbury, Md. Hearn Carrie I. NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Nov. 26, 1958 Parsons Salisbury, Cemeterv Maryland 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR S SIGNATURE 246. REC'D' BY REGISTRAR DATE TOV 2 6 '58 HOLIOWAY & COMPANY Circling S. Tunns SALISBURY MARYLAND

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)



		1	1	
roge 4		director,	led with	-
3018	5	4	100 100 100 100 100 100 100 100 100 100	
er d		ne fur	Pong	
2013 0		by I	nd 2 s	
24 00		iled in	2 - 2	
חושווא		lety fi	Page	
ecuted v		complei	papers.	- 49
De ex		puo u	rpou	7
erfilicate		physicia	етоме сс	A
death co		ttending	please r	142 - 700
ou: Lo		the o	Then	
the taw requires that the death certificate be executed within 24 haurs after death. Page 4	g physicion.	has been signed by the attending physician and completely filled in by the fure at director.	urial-transit mrmit. Then please remove carbon papers. Pages I and 2 should be filled with	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Pe	g ph	has	urio	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13118 . CERTIFICATE OF DEATH

Reg. Dist. No. 3 (165

1	PLACE OF DEATH o. COUNTY	Wicomic)		MARYLAND	2 USUAL RE a. STATE	Maryl			If institution		e belore o	
	b. CITY OR TOWN (If RURAL and give nec	outside corporate li rest fown) Fruitla	_	c. LENGTH C	F STAY IN 16	c. CITY OF	Fruit		role limi	ts, write RU	RAL and g	iva negrasi	town)
	d NAME OF HOSPITA OR INSTITUTION	R.D.# 1			Route	d STREET	ADDRESS B.D.#	1	Sal	isbui	cy Ro	3 4	RESIDENCE ON A FARM?
	NAME OF DECEASED (Type or print)	SIL	First AS	WI	Middle ELSON	CHAİ	PMAN	4. DATE OF DEATH		NOV.		e6th	Year 19 58
	Male	6. color or rac White	WIDOWE	D 🗍 D	VORCED [Jan. 2	27,187			(In years orthdoy) yrs.			UNDER 24 HRS
27	during most of working playee of	N (Give kind of woring life, even it retire? Wood—A	done 10b d	arpen ar Co.	ress or indu ter (Retir	ed Sto	ekton,	or foreign o	yla:	nd.	12. CITI;	U S	/HAT COUNTRY?
13.	FATHER'S NAME					14 MOTHER	'S MAIDEN N	AME					
	William	K. Char	oman			Mary	r E.						
15. (Ye	WAS DECEASED EVER		PRCES? 16. S	SOCIAL SECUR	ITY NO 17, I	NFORMANT Bett	ye M.	Chap	man Mar	(Wife	R.I	.#1	Sal.Md
CERTIFICATION	Canditians, if on gave rise to im couse (a), staling the lying couse lost.	R SIGNIFICANT CO	(b) (b) (c) (c) (c) DNDITIONS CO		TO DEATH BUT						N IN PART	I(o) 19. V	YAS AUTOPSY ERFORMED?
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, 1	While	Not while		ACE OF INJURY	(Home, Iorm, ce bldg., etc.)	20f (City	or town)	(Co	ounty)	(State)
	21. I certify the alive on SACTUAL PHYSICIAN'S NAME (Type)	Thomas	7., 125 LOS	(C.)	lugus that death		6:30P	M, from DORESS (SI	n the c	ar lown, st	nd on the	28	the deceased stoted obove, DATE SIGNED /1958
220	BURIAL CREMATION REMOVAL SPEND				SONS C	R CREMATORY		22d LOCAT		ly town, or			(Stote)
k .	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'D	BY REGIST	RAR :	246 REGIST		NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN:

may be retained by Cospital or attending

TO FUNERAL DIRECTO

To FUNERAL DIRECTO

The registror prior to marrial, crematian, ar re



CERTIFICATE OF DEATH

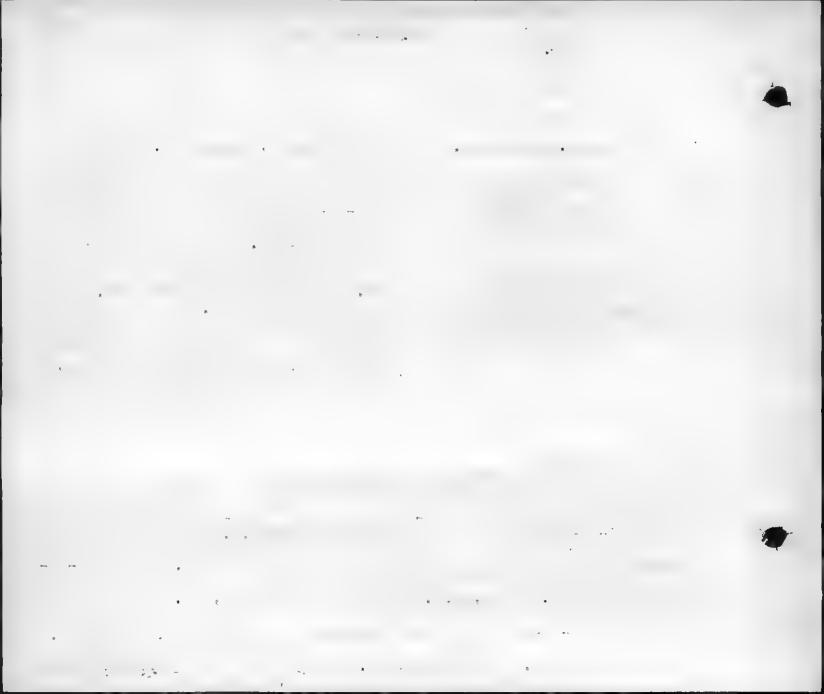
13067 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY b. COUNTY MARYLAND Wicomico Marvland Wicomico b CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN Lift outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury Salisbury d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO 205 Locust 3. NAME OF First Middle Lost 4. DATE Yeor DECEASED OF DEATH (Type or print) Chatham Herman 19 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys WIDOWED TO DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Laborer Allen. Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elijah Chatham Arlena Stewart 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Lola Ownens 301 Quincy St. 16. SOCIAL SECURITY NO Imknown Salisbury, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gerebral thrombosis Sudden DUE TO Conditions, if ony, which Hypertensive cardiovascular disease Years gave rise to immediate DUE TO cause (a), stating the underlying couse lost. CATION PAST HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY 20e. PLACE OF INJURY [Home, form, 20f. [City or town] Dov. Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) 0. m. Not while of work ot wark 11-20-58 19 that I last saw the deceased 7-28-58 21. I certify that I attended the deceased from... , and that death occurred at 10:30 MPhoMathe couses and on the date stated above ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE 11-22-58 Camden PHYSICIAN'S NAME (Type) Rover -Salisbury. 220 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stote) REMOVAL (Specify) Burial Worcester County 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE HOV 2 6 '58 Crimin S. Travel

Salishury

death. offer mi. per pup DIREC may be retai 5 FUNERAL 1 page 3 shaul page 0

VS A15 (4) 15M 10/57

Holloway and

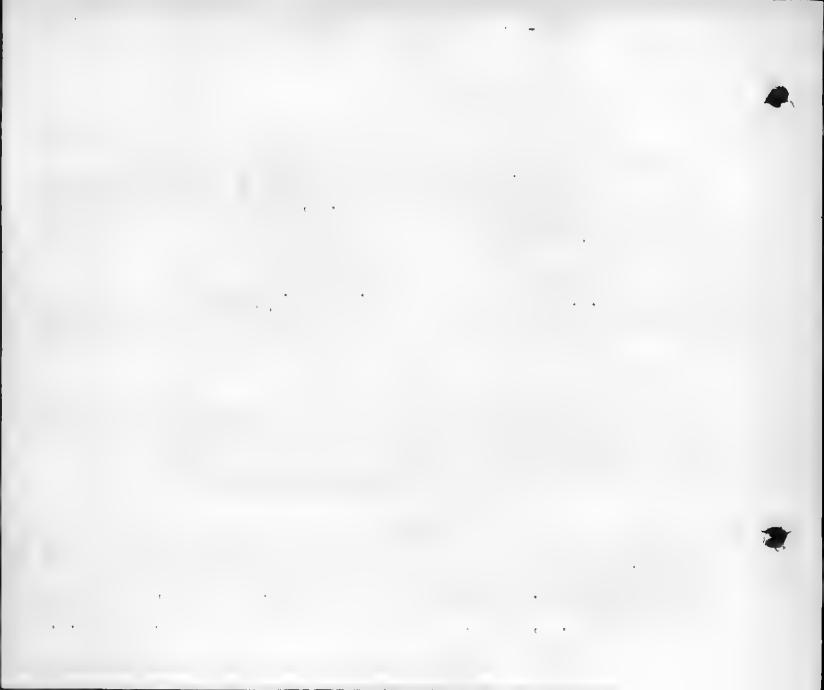


alive on 11/8, 19.58, and that death accurred at 6215. AM, fram the causes and an the date stated above			1306	8	CERTIF	·ICA	IE OF DE	AIH			Reg. Di	st. No.		
Security of thought (it outside corporate limits, write 8UAN In 16 per nearest fewn)						2		CE (Wh	ere deceosed		om Residen	ce befor	re odmin	ion)
BALLIMOTE BALLIMOTE ANAME OF HOSSITAL If not in bought give street address) CHAPTER HAR State Hospital NAME OF FIRST MADE NAME OF HOSPITAL SCUULTING OF HARD MADE NAME OF MADE NAME OF HOSPITAL SCUULTING OF HARD MADE NAME OF HOSPITAL SCUULT MADE NAME OF HARD MADE			remdice		MARYL	AND		A Ta	ndi .	b. COUNIT	Bal	itim	ore	
A NAME OF HOSPITAL (He in hospital give sites address) d NAME OF HOSPITAL (He in hospital give sites address) Deept's Head Static Hospital) Solvential (He in hospital give sites address) Solvential (He in hospital give sites address) Francis: Man OF DECASED Francis: Man OF DECASED Francis: Man OF DECASED Francis: Man OF DECASED Francis: Mind to DATE OF BRITH MODE TO DATE OF BRITH MAN OF DATE OF BRITH MODE TO DATE OF BRITH MAN OF DATE OF BRITH MODE TO DATE OF BRITH MAN OF DATE OF BRITH MODE TO DATE OF BRITH MAN OF DATE OF BRITH MAN OF DATE OF BRITH MODE TO DATE OF BRITH MAN OF DATE OF BRITH MAN OF BRITH MODE TO DATE OF BRITH MAN OF BRITH MODE TO DATE OF BRITH MOD TO DATE OF BRITH MODE TO DATE OF		CITY OR TOWN (IE	outside carparate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOV	VN (If or	utside corpore	ote limits, write R	URAL and	give neo	rest fow	1 /
ON A STATUS Street ON A S		Baltimo	ore			da.	-1-11		re			1 -3	1 -	1
3 NAME OF 1919 Francis Marie Dept. S. SEX 6. COLOR OR RANGE OF MARKED NEVER NEVER MARKED NEVER MARKED NEVER MARKED NEVER MARKED NEVER MARKED NEVER NEVER MARKED NEVER	1	OR INSTITUTION	AL (If not in hospital, g	jive street i	address)		d. STREET ADDI						ON A	FARM?
DECRASE OF PATH IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IL OF SHET IL OTHER SIGNIFICANT CAUSE OF DESCRIPE MOVING TO MOVING TO DESCRIPE MOVING TO MOVING TO MOVING TO DESCRIPE MOVING TO MOVING TO DESCRIPE MOVING TO MOVING MOVING TO DESCRIPE MOVING TO MOVING			Head State		pital		609	N.		treet_		1	YF5	но Т
S. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED N. DATE OF BIRTH WIDOWED DIVORCED MARCH 31. 1951880 N. CE [In years FUNDER 24 PRE	1	DECEASED	Fir	st /=	Middle		Lost		OF			Da	,	-4.00
Pennate: White WIDOWED DIVORCED March 31, 195880 for bindary Months Days Hours Min Min To William Country March 31, 195880 for March 31						- 10		1	!			-		
TO SULAL OCCUPATION (Give kind of work done) TO AND STATE OF WHAT COUNTRY WAT 1 BRITHPLACE (stole or foreign country) WHAT 1 BRITHPLACE (stole or foreign country) WHAT 1 BRITHPLACE (stole or foreign country) WHAT 1 BRITHPLACE (stole or foreign country) IT AMOTHER'S NAME CHAPTER HORTON IS WAS DECEASED FUER IN U. S. ARMED FORCES? It is SOCIAL SECURITY NO. 17. INFORMANT TO A LAUGE OF DEATH (Enter only one course per line for (o.), (b), and (c) } PART I DEATH WAS CAUSED BY. OUE TO Conditions, if ony, which gave rise to immediate course (o.) A THEFTI SECTION WILLIAM COUNTRY (c) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CAUSED BY.							m.01		last birthdays					
The state of the s				L				JSInja .			112 CI	SIZEN C	E WHAT	COUNTRY
13 FATHER'S MANDEN NAME Charles Holes Hol	100	during most at wark	ing life, even if retired) I IOD		IIADOSTA				,,,,,,	172 (
That Is Address If you go you go you have been and well in the course of incidence of the property of the pro	13				unke			-				Up :	S. A	
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 17. INFO	,,,		75 m 72 mm						_					
The control	15			CES? 16	SOCIAL SECURITY NO.	17, INF	ORMANT		NOGER		ress			
18 CAUSE OF DEATH Enter only one cause per line for (a). (b). and (c)	[Yu		If yes, give war or dates of s	ervitë[Thalle		TToo		-7 P	amai'a C	-714:-1-		26-	T
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) ATTRICTION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIV			TH Enter only one co	use per lis	ne for (a), (b), and (c) }		- Flul	i i i i i i i i i i i i i i i i i i i		11 6 18 28 4	A-m sm hr (s	INT	RVAL BE	TWEEN
DUE TO Continue if only, which gave rise to immediate cause (a), stating the under lying couse lost. DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERVING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 270. TIME OF INJURY Mannih, Doy, veor law work of w		BART L BEAL	THE CALLED AV	/	•	diding i	Camiliana	i Trees	- Total					
Conditions, if ony, which gave rise to immediate couse (a), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH IT EITHER, NOTIFY MEDICAL EXAMINER; 200. ACCIDENT WAS UNDERLYING NOTIFY MEDICAL EXAMINER; 200. TARREST OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not white of work of wor		Guil de 1			関連を開発して大利の10万円	i witte	10.2 term 100 00 00 00 00 00 00 00 00 00 00 00 00	्रव्यु ६ आ स्ट	44 34 EE					<u> </u>
gove rise to immediate cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS UNDER YING YES NO PART II. OTHER SIGNIFICANT WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT SIGNIF		Conditions, if or		,										
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Part II. OTHER SIGNIFICANT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Part II. OTHER SIGNIFICANT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Part II. OTHER SIGNIFICANT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Part II. OTHER SIGNIFICANT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Part II. OTHER SIGNIFICANT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Part II. OTHER SIGNIFICANT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Part II. OTHER SIGNIFICANT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Part II. OTHER SIGNIFICANT WAS UNDERLY WAS UNDERLYING TO THE TERMINED. Part II. OTHER SIGNIFICANT WAS UNDERLY WAS UN		gave rise to in	nmediote (· J		*********								
Disbeties Melititus 200. ACCIDENT WAS UNDER YING OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER; 200. ACCIDENT WAS UNDER YING OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER; 200. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of work			The <u>under-</u>)										
20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED While of work at while of work at wark at war	Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO TH	E TERMII	NAL DISEASE	CONDITION GIV	EN IN PAR	(T 1(o) 1	P. WAS	AUTOPSY
20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED While of work at while of work at wark at war	EY	MILLY	Disheties	Melili	fitze									
20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED While of work at while of work at wark at war	TIFIC	20a. ACCIDENT WA	S UNDERLYING			CURRED.	(Enter nature of in	jury in P	ort I or Port	11 of item 18.)				
21. I certify that I attended the deceased from 8/19/58, 19, to 11/8, 19.58, that I last saw the deceased alive on 11/8, 19.58, and that death accurred at 6215. AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE M.D. Selisbury. Maryland: TI/8/58 PHYSICIAN'S NAME (Type) To Maldre M.D. 27c. NAME OF CEMETERY OR CREMATORY The County of County (Stote) The County of County of County (Stote) The County of County		(IF EITHER, NOTIFY	MEDICAL EXAMINER											
21. I certify that I attended the deceased from 8/19/58, 19, to 11/8, 19.58, that I last saw the deceased alive on 11/8, 19.58, and that death accurred at 6215. AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE M.D. Selisbury. Maryland: TI/8/58 PHYSICIAN'S NAME (Type) To Maldre M.D. 27c. NAME OF CEMETERY OR CREMATORY The County of County (Stote) The County of County of County (Stote) The County of County	ICAI		Y Manth, Doy, Ye							ar town)	(County)		(State)
alive on 11/8, 19 58; and that death accurred at 6215. AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state)	MED		19											
alive on 11/8, 19 58; and that death accurred at 6:15. AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE M.D. Saltisbury. Maryland: 11/8/58 PHYSICIAN'S NAME (Type) 1. Maldide M.D. 27a. BURIAL, CREMATION. 27b. DATE THEREOF 11-11-58 Mt. Olivet 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		21. I certify th	atil attended the	deceas	ed from _8/19/	58	, 19, 1	lo	11/8	19.58	E,that 1	last so	aw the	deceased
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) I. Maldre M.D. 270. BURIAL, CREMATION. 276. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown or county) (Stote) REMOVAL (Specify) 11-11-58 Mt. Olivet 2-1 timore, M 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			13\/8\											
PHYSICIAN'S NAME (Type) 27a. BURIAL, CREMATION. 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown or county) (Stote) Mt. Olivet 21timore, M. 2 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			XV 4	20	(a '				ADDRESS (Str	eet, cily or town,	stote)		D	ATE SIGNED
NAME (Type) I. Maldare Mallage Maldare Mallage Malla		ACTUAL SIGNATURE	0		une,	M.	D. Ser.	lisb	ury. M	aryland			11	/8/58
NAME (Type) I. Maldare Malda		PHYSICIAN'S			(
Daria 1 11-11-58 Mt. Olivet Polimore, M 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		NAME (Type)												
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES		REMOVAL (Specify)					CREMATORY						(Sto	le)
		dria I	A with the sale the	28		/e t						C1.17/	DE	
1 // \ \	23			nc. 10		34								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO ROSFITAL OR ATTENDING OF THE ACTION OF THE ACTION OF THE ACTION OF COMPLETELY filled in by the fundance of the filled of the filled in by the fundance of the filled of the fundance of the filled of the filled of the fundance of the filled of the fille VS A15 (4) 15M 9/S5

director,





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13069

___,that I last saw the deceased

12. CITIZEN OF WHAT COUNTRY?

(Stole)

DATE SIGNED

(State)

45		13119 CERTIFIC	CATE OF DEATH Reg. Dist. No.
director, led with		MACE OF DEATH COUNTY WICOMICO MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
		CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) Delmar 19 vrs	
by the f		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RFD # 3	STREET ADDRESS ON A FARM? YES ON NO E
filled in		NAME OF First Middle DECEASED Type or print) Ralph Thompson	Coursey 4. DATE Month Doy Yeor OF DEATH NOV. 15. 19 58
campletely fille papers. Pages ath.		ale White WIDOWED DIVORCED	May 23, 1892 66 yrs. Months Days Hours Min
		. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Street car FATHER'S NAME	
		Ralph T. Coursey	Florence Covell INFORMANT Address
attending physicion please remove cor within 72 hurs of		Yes (1 1951-957 - 2057 215-2-2057	Beatrice Bratten, Delmar, Md.
Then plen		18 CAUSE OF DEATH [Enter anly one cause per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	my throwfole ONSET AND DEATH
signed by permit.		Conditions, if ony, which gave rise to immediate couse (a), stating the under-	
al-tronsil avol, and	CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
certificate ha	CERTIFI	206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURI OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRED. (Enter nature of injury in Part Lar Part III of item 18.)
this cert r use as remation	MEDICAL		PLACE OF INJURY IHome, farm 20f (City or town) (County) (Stal factory, street, affice bldg , etc.)
d fo		21. I certify that I attended the deceased from	1, 1957, to cloub, 19 that I last saw the decea

LARMORE

72c NAME OF CEMETERY OR CREMATORY

Parsons

ADDRESS

22b. DATE THEREOF

11-19-58

ACTUAL

PHILICIANGE

NAME (Type) 270. BUR AL, CREMATION, BUILDAL

TO FUNERAL DIRECTO

Poge

within 24 hours after

requires that the death certificate be executed

naspital or attending physician.

VS A15 (4) TSM 9/55

the registror prior

22d LOCATION (City, town, or county)

Delmar. Delaware

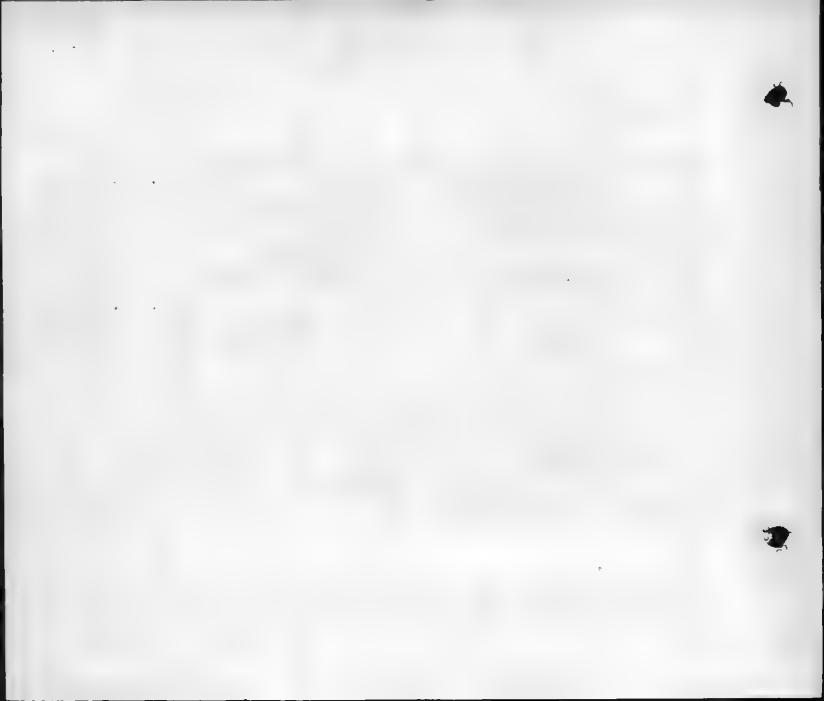
24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

ADDRESS (Street, city or lawn, state)

, and that death accurred at 1130 M, from the causes and on the date stated above.

DATENOV 2 0 '58

arthur & Kenya



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13070 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) E. COUNTY b. COUNTY MERTINE Md . Wicomico Wordester b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) Salisbury Mo. Ocean City d. NAME OF HOSPITAL (If not in haspital give street address) d STREET ADDRESS OR INSTITUTION Springhill. Sanitarium. NAME OF Middle DATE Month DECEASED (Type or print) DEATH Marv Cropper Nov. 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost by theory Months 1880 Female WIDOWEDT DIVORCED | Sept. 915 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) pua 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) 4.10.1 **DUE TO** that Conditions, if ony, which (b) gave rise to immediate bed **DUE TO** couse (a), stoting the underlying couse lost. CERTIFICATION PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or lown) Doy, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) o. m. While Not while of work at work 8-5-1958 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 10:30 Mbm the causes and an the date stated above ADDRESS (Street, city or fown, state) 0 ACTUAL SIGNATURE Salisbury shauld

Elkis.

Jr.

ADDRESS

22c NAME OF CEMETERY OR CREMATORY

Wilber R.

22b DATE THEREOF

e. IS RESIDENCE

Day

30

Days

(County)

22d LOCATION (City lown, or county)

24b REGISTRAR'S SIGNATURE

240 REC'D BY REGISTRAR

ON A FARM?

YES NO

Year

19

Hours

12 CITIZEN OF WHAT COUNTRY

S. A.

INTERVAL BETWEEN

ONSET AND DEATH 30 michil

> PERFORMEDA YES |

NO D

(State)

DATE SIGNED

(Store)

アル

58

HOSPITAL FUNERAL

o VS A15 (4) 15M 10/57

ന

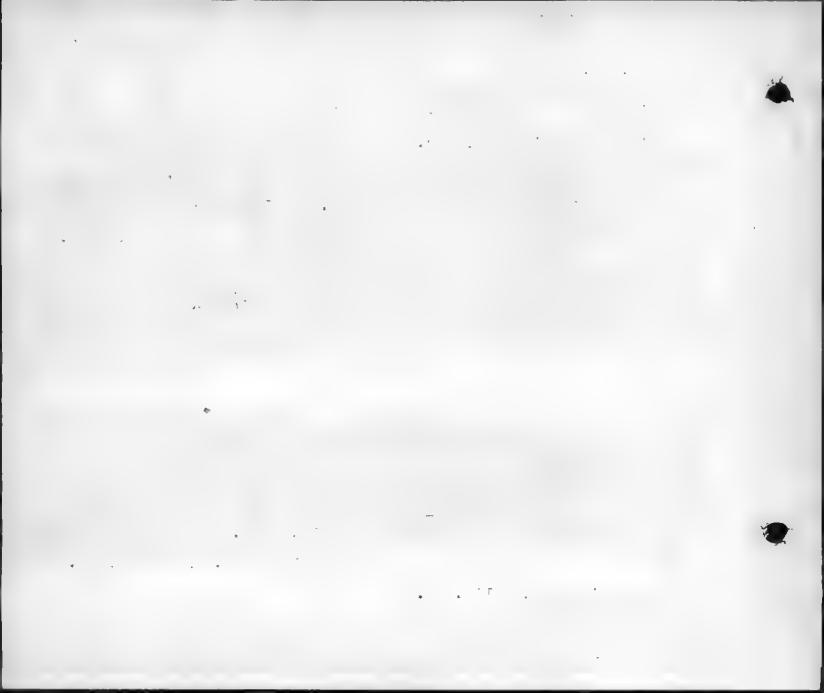
PROFESSIONAL

NAME (Type)

270 BURIAL CREMATION.

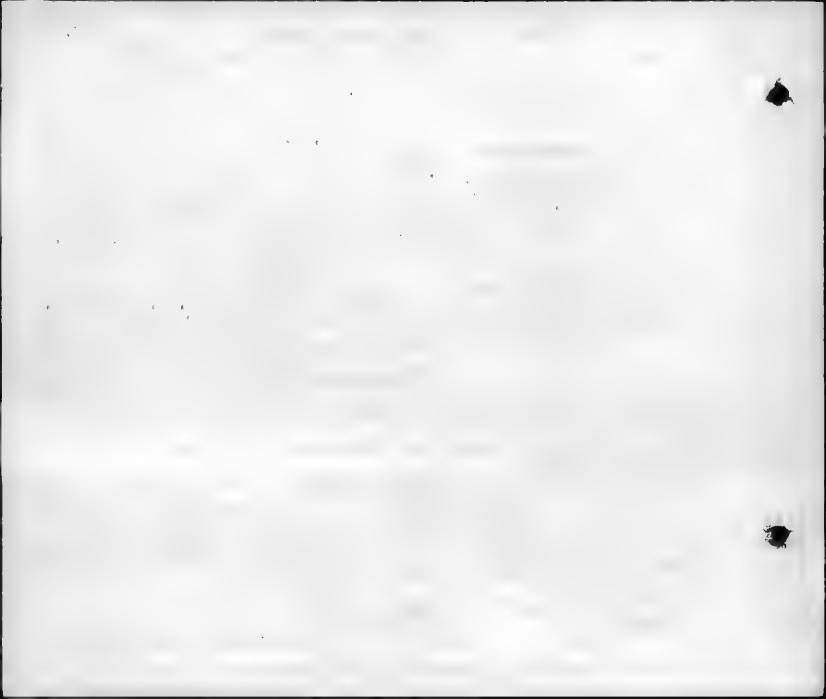
REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13071 13120 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY · STATE Maryland 6. COUNTY WICORILCO Pe MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hebron d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE F. D. YES TI NO Home NAME OF Middle 4. DATE DECEASED Dashield OF DEATH Raymond F (Type or print) 19 6 COLOR OR RACE 7 MARRIED 17 NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost by thoay 7/27/1899 Months Days male Col. Hours WIDOWED | DIVORCED | yes. comply 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? pape Porth Restaurant Maryland S. A. puo carbo 13 FATHER'S NAME 14, MOTHER'S MAIDEN NAME physician Frank Dashield Angia Gosslee HOVE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address no Margrette Dashield R.F. D. Rebron Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DIJE TO couse (o), stoting the underlying cause lost. PART NO. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO. 19 WAS AUTOPSY PERFORMED? YES NO DE 20a ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Doy, 20c. TIME OF INJURY Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. While Not white of work of work Ø. m. 21. I certify that I ottended the deceased from "that I last saw the deceased and that death occurred at M. from the couses and on the date stated above. ACTUAL SIGNATURE TO FUNERAL D PHYSICIAN'S NAME (Type) BURIAL CREMATION, 22b. DATE THEREOR 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, of county) (Slote) 6 Quantico Quanti Sarvland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4)

Page



Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death may be retained by 1 pital ar attending physician.

TO FUNERAL DIRECTO ar this certificate has been signed by the attending physician and campletely filled in by the funeration page 3 should be determined by the propers. Pages 1 and 2 should have the standard be determined by the pages. may be retained by ! pital ar attending physician.

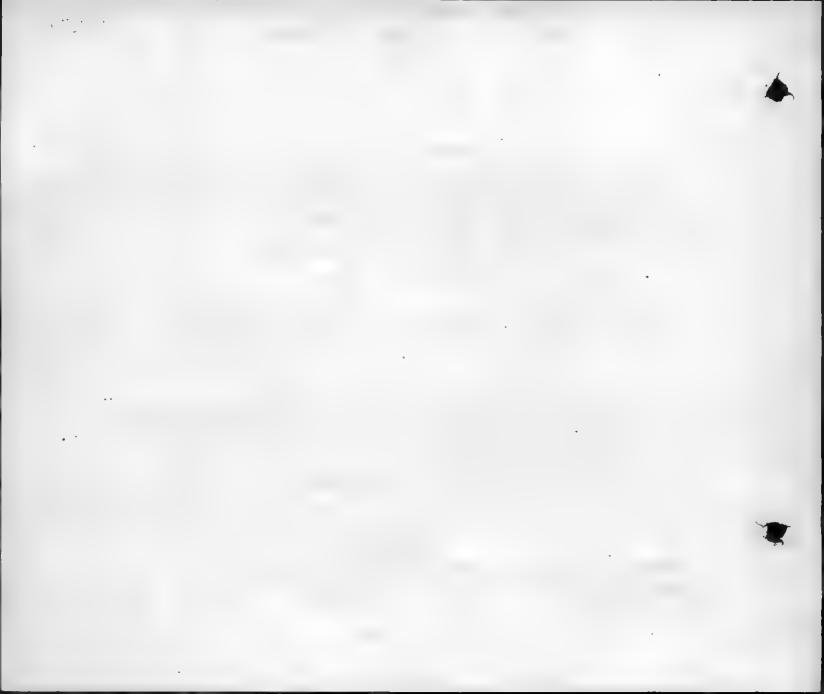
O FUNERAL DIRECTO are this certificate has been signed by the attending physician and campletely filled in by the fun page 3 shauld be delimed for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A1S (4) 1SM 10/57

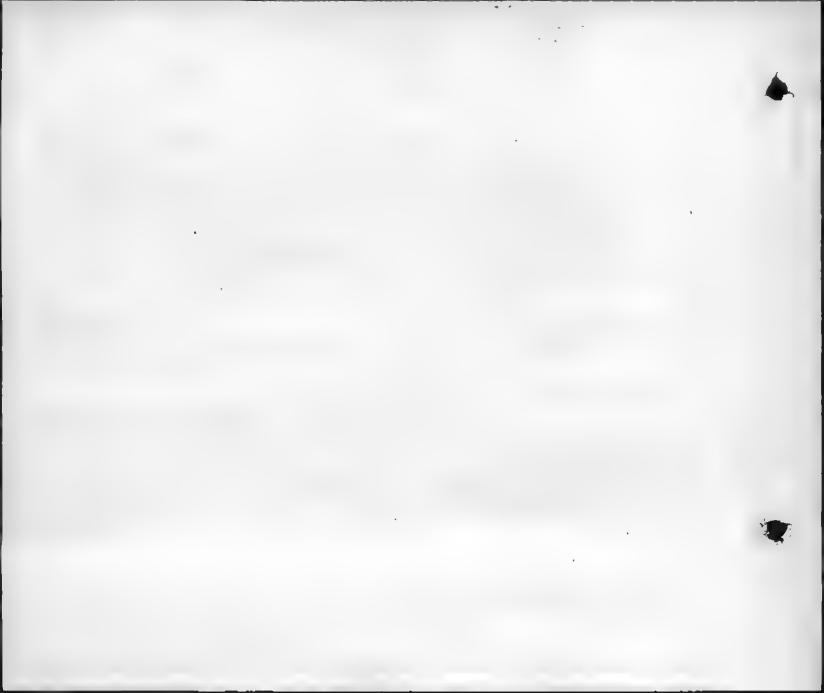
				Reg. Dis	it. No.	
o. COUNTY LEEMUS	MARYLAND	2 USUAL RESIDENCE (Wh	ere deceased lived	If institution: Resident	ce before admiss	ion)
b. CITY OR TOWN (If outside corporate limits, write c. LENG RURAL and give negrest town)	TH OF STAY IN 16	c CITY OR TOWN (IF o	ulside corparote limi		give nearest lown	1)
d NAME OF HOSPITAL (If not in hospital, give street address) / OR .NSTITUTION	/)	d STREET ADDRESS	~			FARM?
3 NAME OF DECEASED (Type or print)	Middle	lost Ce tt.	4. DATE OF DEATH	Month		Year 19 5 \$
5 SEX 6. COLOR OR RACE 7 MARRIED N	EVER MARRIED	B. DATE OF BIRTH AVLAG 1885	7. AGE Jost I	(In years IF UNDER pirthday) Months	Days Hours	-Muil.
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF during most of working life, even if retired)	BUSINESS OR INDU	STRY 11 BIRTHPLACE (Slote	or foreign country)	15 CA	IZEN OF WHAT	COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN IS	IAME (
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL S	7-7/57	MERCH 2	Las:	Address 7		
18. CAUSE OF DEATH [Enter only one cause per lipe for (a), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), staling the under- lying cause last.	(b), and (c).]	erosio	art Di	serse	INTERVAL BE ONSET AND	Jan
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 20d ACCIDENT WAS UNDERLYING 20d ACCIDENT WAS UNDERLYING 20b DESCRIBE HOT 20b DESCRIBE H	ITING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PART	I I(o) 19. WAS PERFO	RMED?
	W INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Part II of He	m 18.)		
20c TIME OF INJURY Month, Day, Year 20d INJURY OF White Not at work at work at work at the state of the state	whilefo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town) (0	ounty]	(State)
ACTUAL ACTUAL		occurred at		, 19.5 Sthat I I causes and on the r or town, state)	ne date state	
PHYSICIAN'S PAPURNELL	M.D.	Solis	Jun,	m		
220 BURIAL CREMATION 226. DATE THEREOF 22C MA	ME OF CEMETERY O	11	20-LOCATION ICE	ty town, or county)	F FEC	6)
23. FUNERAL DIRECTOR'S SIGNATURE	ORESS		BY REGISTRAR	24b REGISTRAR'S SIC	NATURE	



HOSPIT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18







FOR STATE HEALTH DEPT.

Poge ... M

> 湄 Ri.

THE PUTY MEMICAL MAMMER: This certificate should be semited within 24 haurs ofter denth. If any delay is necessary, execute the certificate word "pending" in pending itself of the Pages 1, 2, and 3 to the funeral director 4 should be forward.

4 should be forward.

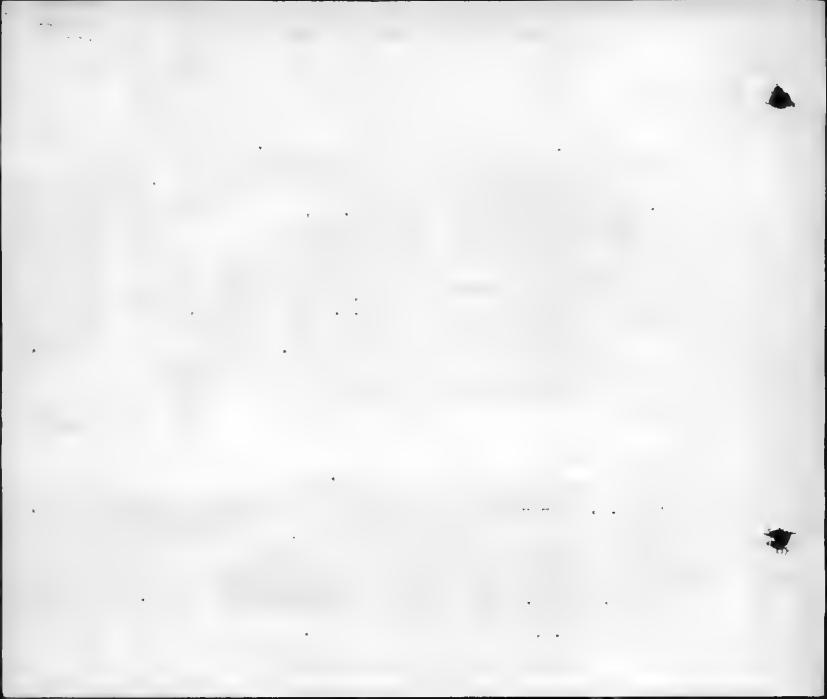
5 to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR. Page 3 should be used as a burid-transit permit. File pages 1 and 2 with the State Board of Fig. Funeral and 2 with the State Board of Fig. 1st designated agent, prior to burid, cremation, or removal, and in any event within 72 hours after death.

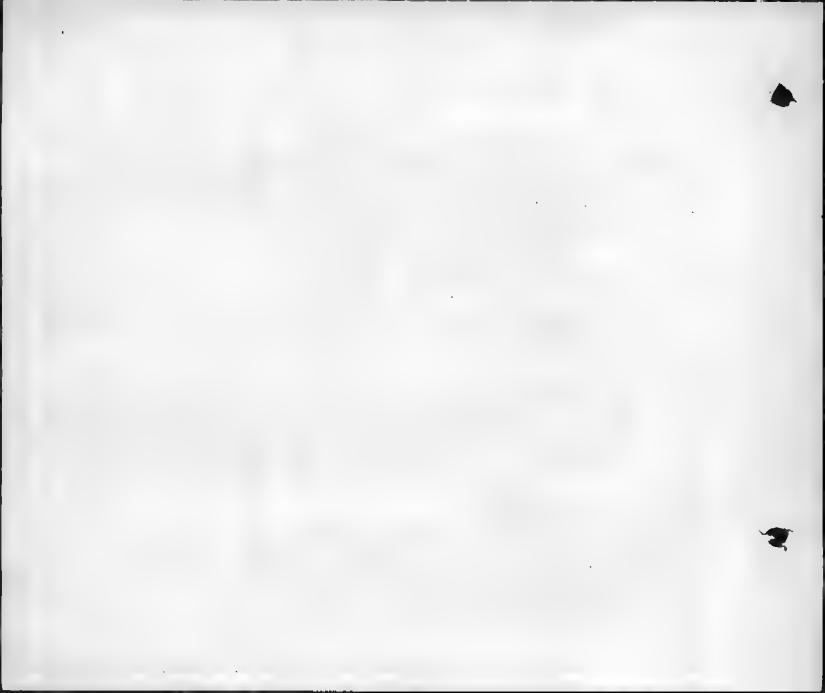
VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 A O O M & MEDICAL EYAMINED'S CEDTIEICATE OF DEATH

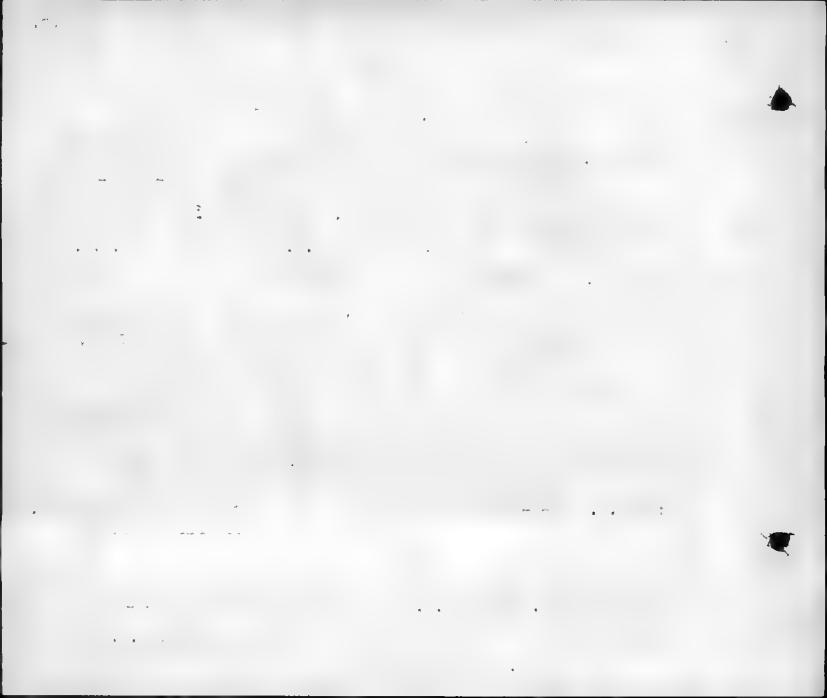
13075

13074	MEDICA	E CAMMINAER S	CERTIFICATE	OI DEATH	Reg. Dist. No.
1. PLACE OF DEATH WICOMIC	0	MARYLAND	2. USUAL RESIDENCE (Where o STATE Maryla	nd b. COUNTY	Wicomico
b. CITY OR TOWN Il outside corporate limit and give necrest lown). Salisbu		c. LENGTH OF STAY IN 16	c. City or town (Four	*	RURAL and give nearest fown)
d. NAME OF HOSPITAL OR INSTITUTION	ON (If not in hosp	ital, give strest address)	d STREET ADDRESS	_	a 15 RE ICENIE
	Diviso	on St	<u></u>	Division	St YES NO D
	LIAM	Middle	EL EEMUS 6	DATE Month	6th 1958
5. SEX 6 COLOR OR R	ACE 7. MARRIE	NEVER MARRIED [] 8	DATE OF BIRTH	9. AGE (In years fost but but but but but but but but but bu	IF UNDER TYEAR IF UNDER 24 HE
Bemale White	WIDOWED	DIVORCED O	ct. 26,1896	62 yrs.	Months DPO Hours Min.
100. USUAL OCCUPATION (Give kind of very during most of working life, even if refunding Night Watchman	red)	ND OF BUSINESS OR INDUST	North Caro		US A
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	:	
Kemp Fleenor			Belle Fran	klin	
15. WAS DECEASED EVER IN U. S. ARMEI		OCIAL SECURITY NO	S.D.# 2 Sno	mis Adkums W Hill, Ma	(Daughter) ryland
18 CAUSE OF DEATH Enter only on		or (o), (b), and (c).]	r- mps-		CINSET AND D-ATH
PART I. DEATH WAS CAUSED I	}Y, E (0)(=11	nshot wound	of chest.		Sudden
Dut	to				
Conditions, if any, which)	(b)				
gove rise to immediate cause ((a), stating the underlying (DUI	TO				
couse lost.	[c]				
CATI	CONDITIONS COL	NTR.BUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X
20g. EXTERNAL CAUSE WAS PRIMARY A CONTRIBUTING CAUSE OF DEATH.			nter nature at injury in Port 1 or	Part II of item 18)	The same and the same and
	Year Sho	t self in c		NE (Film or brown)	(Ferral)
Hour a. m	White	Not while facto	rry, street, office bldg., etc.)	Of (City or hown)	(County) (Stote)
				Salisbury	Wicomico Md.
21. I certify that I took cha	_				Inquiry A, and in my
opinion death resulted fram	: Natural co	auses [_]. Accident [], Suicide 🖹, Ham	nicide [_], Undeten	mined manner
ACTUAL SIGNATURE	Kni	_/	M.D. CHIEF MEDICAL EXAMIN	NER 🗀	DATE SIGNED
	1		ASSISTANT MEDICAL EX	AMINER []	£1 120 ×0
NAME (Type) Dr. Earl	L. Roy	er	DEPUTY MEDICAL EXAM	INER MO	v. / /1958
220. BURIAL CREMATION 225 DATE THE REMOVAL (Specific NOV.)	1958	Wicomico Me		Salisbur	y, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	24e REC'D BY		RAR'S SIGNATURE
HOLLOWAY & COMPA	NY S	ALISBURY MAR	RYLAND DATE NOV 1	0 '58 A	hur S. Haus





	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	13076 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 13077
	LACE OF DEATH COUNTY Wicomico MARYLAND 2 USUAL RESIDENCE (Where deceosed lived. If institution Residence before admission) o. STAT North Carolina COUNTY
Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest lown)
d	Salisbury 1 Hr. 35 Mt Shallottle NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 0 IS RESIDENCE ON A FARM?
3. 1	Peninsula General Hospital VES NO Day Year
	Type or print Alton Henry Henry Gales Gales DEATH 11- 2- 19 58
	M WIDOWED DIVORCED Nov. 15.1936 (aut bis hear) Months Days Hours Min
10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stofe or foreign country) Farmer Own Farm N.C. U.S.A.
13.	Farmer Own Farm N.C. U.S.A.
15	Dannie W. Gales Elvie Blanton WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO [17. INFORMANT Address
(Yes	No == 237-54-0831 Mr. Dannie Gales, Same
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]
	PART I. DEATH WAS CAUSED BY: Crushed chest BR. 35 min
	D d D A DUE TO Conditions, if any, which Mai
	gove rise to immediate couse [6], sloting the underlying DUE TO
	cause lost. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE PERF
CERTIF	200. EXTERIAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18)
	PRIMARY Dor CONTRIBUTING D Driver of car in accident on R F D # 13 near Pocomoke
3	CAUSE OF DEATH. Driver of car in accident on R F D # 13 near Pocomoke 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State)
	CAUSE OF DEATH. Driver of car in accident on R F D # 13 near Pocomoke 20c. TIME OF INJURY Month. Doy. Year Hour e.m. While Not white of work
3	CAUSE OF DEATH. CAUSE
3	CAUSE OF DEATH. Driver of car in accident on R F D # 13 near Pocomoke 20c. TIME OF INJURY Month. Doy. Year Hour e.m. While Not white of work
3	CAUSE OF DEATH. CAUSE
3	CAUSE OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c PLACE OF INJURY (Home, farm, 120f (City or lown) (County) (Stote) Moule Not white 1 P. Fi D. # 13 Pocomoke Worcester Md. 21. 1 certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry x and in my opinion death resulted fram. Natural causes , Accident x Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE SIGNATURE EXAMINER'S
WEDICAL	CAUSE OF DEATH. Driver of car in accident on R F D # 13 near Pocomoke 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c PLACE OF INJURY (Home, farm. 120f (City or lown) (County) (State) Hour e.m. 11-1-B! work of work R R R D # 13 Pocomoke Worcester Md. 21. 1 certify that I took charge of the remains described above, held an Autapsy , Inspection Inquiry and in my opinion death resulted fram. Natural causes , Accident Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME [Type) Earl L. Royer M.D. DEPUTY MEDICAL EXAMINER 11-2-58
WEDICAL	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 1904 (City or fown) (County) (Stote) Hour e.m., 1904 (City or fown) (County) (Stote) 21. 1 certify that I took charge of the remains described above, held an Autapsy , Inspection Inquiry and in my opinion death resulted fram. Natural causes , Accident Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 11-2-58 BURIAL, CREMATION 276 DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 276 LOCATION (City, fown, or county) (Stote)
WEDICAL	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 1904 (City or fown) (County) (Stote) Hour e.m., 1904 (City or fown) (County) (Stote) 21. 1 certify that I took charge of the remains described above, held an Autapsy , Inspection Inquiry and in my opinion death resulted fram. Natural causes , Accident Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 11-2-58 BURIAL, CREMATION 276 DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 276 LOCATION (City, fown, or county) (Stote)
	3. A D C C C C C C C C C C C C C C C C C C



13077

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECT:
After this certificate has been signed by the ottending physician and completely filled in by the finector, page 3 should be death hed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer deeth.

CERTIFICATE OF DEATH

13078

Reg. Dist. No.

		-									
PLACE OF DEATH	icomico		MARY	LAND	o STATE Ma	rylan	ere deceased 1d	l lived. If institu b. COUNT			idmission)
RURAL and give r	(If outside corporate limiteorest town) y, Maryland		6 days	IN 1b				rote limits, write Marylar	-	ive nearest	town)
d. NAME OF HOSP	Head State	ive street	oddress)		d. STREET A	DDRESS	vert			} <	S RESIDENCE
3. NAME OF DECEASED (Type or print)	Graci	's†	Middle A		Graves		4. DATE OF DEATH		nth)♥ •	27 27	Yeor
5 SEX			RIED NEVER MARRIE		Feb. 4,			9. AGE (In years last birthday)	Months		UNDER 24 H
100 USUAL OCCUPATI	Female Negro WIDOWED DIVORCED										
13. FATHER'S NAME	Ed. Smit	h			14. MOTHER'S			Smith	/		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Unik (19 yes, give wor or dote of terrice) 11 One Hospital Records Salisbury, Maryl								a ryla n			
Conditions, if a gove rise to couse (o), storing lying couse tosl. Part II. Of	immediate DUE TO) IDITIONS				THETERMI	NAL DISEAS	E CONDITION G	IVEN IN PARI	١ /	PERFORMEDS
200 ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF	'AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)		d Cerebral			Finjury in F	Port I or Por	t (I of item 18.)		YE	ES NOA
20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. While No) while of work of											
	L. Maldve	12 lalu	58, ond that	deoth		1:15		n the couses treet, city or town		ast sow ne date:	the decessions to the decession of the d
220 BURIAL, CREMATIC REMOVAL (Specify BUT1a.1	ON. 225 DATE THEREO	_	22c NAME OF CEME 358 Bigw		CREMATORY Celal.	nea		tion (City, lown,	or county)		(Stole)
23 FUNERAL DIRECTO	r's signature 1 Waller	VC	address hesterlar	11	md.	24a, REC'I	D BY REGIST		HISTRAR'S SIC		

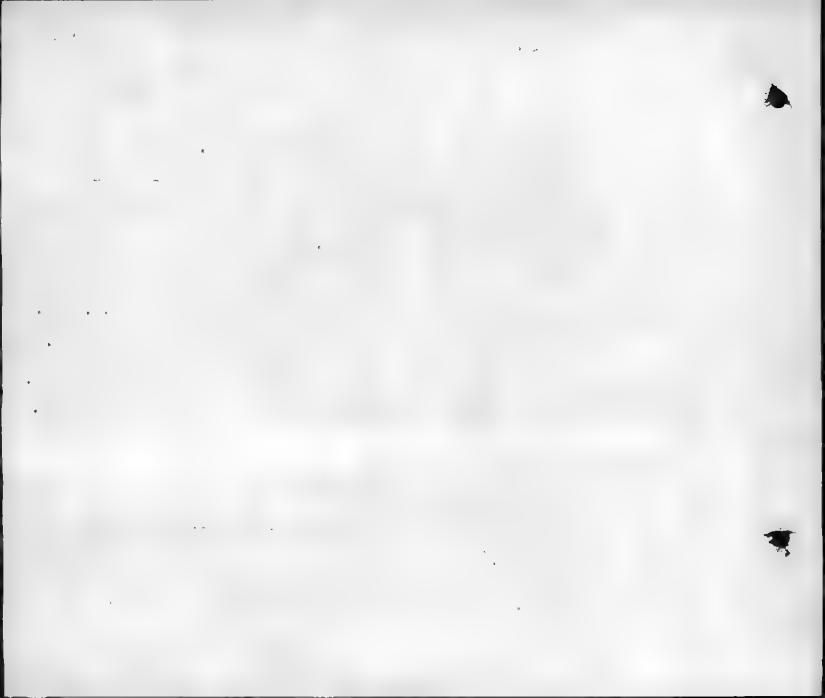


VS A15ME 5M 2/57

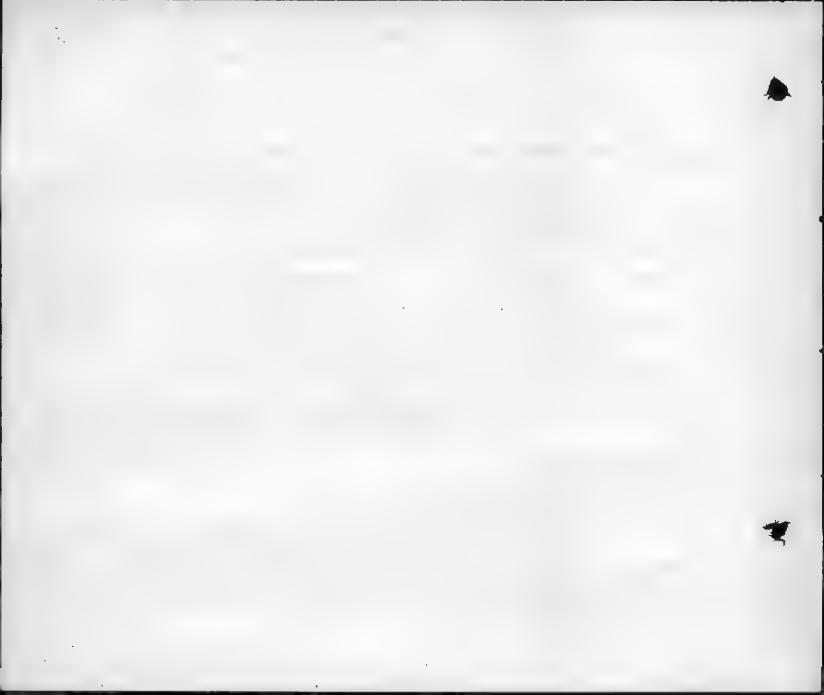
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	13	078 ME	DIC	AL EXAMINE	R'S	CERTIFICAT	TE OF DI	ATH	Reg. Dist. No.	3079	
ŧ.	PLACE OF DEATH a. COUNTY	Leomico		MARYLA	ND	2. USUAL RESIDENCE (V	_	ed If institute b. COUNTY			
	E CITY OF TOWN HE	auts de corporate limits, we to	RURA.	c LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IE		Limits, write R			
	Salis					Princes			19x =	•	
			f nat in	haspitat, give street address)		d STREET ADDRESS				e 15 RES DENCE	
	Penins	ula Gene	Hospital		88 Hampton Ave.						
3.	NAME OF DECEASED	Fire		Middle		Lost	4. DATE	Month	Day	Yeor	
	(Type or print)	Hect	or	Hayv	Jar	•d	DEATH	11-	22-	19 58	
5.	SEX	6 COLOR OR RACE	7 MAS	RIED NEVER MARRIED] 6	DATE OF BIRTH	9 At	Streetholmer's	FUNDER TYEAR		
	M	C	WIDOV	Tand Land			957 1	yra	Months Doys	Hours Min.	
100	z. JSUAL OCCUPATIO during most of working	N (Give kind of work of life, even if retired)	ione 106	KIND OF BUSINESS OR IN	DUSTR	Y 11 BIRTHPLACE (Stote	or foreign country	-}	12 CITIZEN OF	WHAT COUNTRY	
	infe			None		Md. US	S A		U S	S A	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
_		Hayward				Caroline					
[Yes, ne, or unknown]					HORMANT Address						
	No			None		lother: Car	coline	Haywar	T.		
		H Enfer only one cou H WAS CAUSED BY		ne for (a), (b), and (c)]	3				ONSIT	AND DEATH	
		IMMEDIATE CAUSE (a)		Pulmonary ec	1011	ia				nrs.	
	12.6	DUE TO									
	Conditions, if an gove rise to immed	iote couse		Acute conge:	sti	ve heart	failure		3	hours.	
	(a), stating the u			Sickle_cel	7	an amila			7.7		
Z) (c) ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NO	OT RELATED TO THE TERMI	NALDISEASE CON	DITION GIVE		onths.	
ATIC							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			PERFORMED?	
CERTIFICATION	20a EXTERNAL CAJ	SE WAS 20	b. DESCE	RIBE HOW INJURY OCCURRE	D (En	ter nature at injury in Fact	or Port II of ite	m 18 1	110	MOD.	
CER	CAUSE OF DEATH.	TRIBUTING []				, ,		,			
3	20c. TIME OF INJUR	Y Manth, Day, Yea	7 200	I. INJURY OCCURRED 20e.	PLAC	E OF INJURY (Home, form,	, 120f. (City or to	wn)	(County)	(State)	
MEDICAL	Hour o.m.	19	W	hile Nat while wark at our work	locted	y, street, office bldg., etc.)					
	21. I certify th	at I taok charge	af the	remains described	abav	e, held on Autopsy	A, Inspec	ction A.	Inquiry [and in my	
	opinion death i	resulted from. h	latura	l causes 📆, Accide	nt 🗀	, Suicide , I	tomicide [].	Undeterr	nined manner	pro-	
		0 0 -	0								
	SIGNATURE_	at V	4			M.D. CHIEF MEDICAL EX	AMINER 🗌			DATE SIGNED	
	EXAMINER'S			Y		ASSISTANT MEDICA	AL EXAMINER [
-	NAME (Type)	Earl L		oyer, M.D.		DEPUTY MEDICAL E	EXAMINER 10	1:	1-27-58		
230	ENSUAL CREMATION	226. DATE THEREO			OR C	REMATORY	22d LOCATION	City, town, A	sybnty)	(5101e)	
22	LINIAL	11/20	10	1	0	ex	MAIL	UNK	e //	24	
23.	FUNERAL DIRECTOR'S	SIGNATURE	-13	ADDRESS			c 2 '58		MAR'S SIGNATURE		
11	VXXXXX	10/11/10	LIGHT	-3 Mr. Valicans	essi	CHARLE DATE DE	C 4 30	Civi	ishir di. / WANN		

ma



od.	1/	/	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
<i>b</i>		>	13079 CERTIFICATE OF DEATH Reg. Dist. No. 1 3 (184)
Page	Pa Pa		1. PLACE OF DEATH O COUNTY WICE A MARYLAND MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) D. STATE D. COUNTY
deoth.	S N		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ofter o	å M	1	d NAME OF HOSPITAL (It'not in hospital, give street address) OR INSTITUTION e is residence ON A FARM?
Sales and a	and 2	şt.	TENT V SULH (JE METAL /4/SP/TAL. YES [NO]
n 2m f	£ 5		OF DECEASED (Type or print) Name Of DeceaseD (Type or print) North Day Year OF DEATH // (1/2 mber) 19.58
d weth	rs. Pog		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1. APRIL OF BIRTH 1. AGE (In years IF UNDER 14 ARS IF UNDER 74 HRS ID UNDER 14 HRS ID UND
execute	death.	A	100 USJAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY: 14. COUNTRY:
Te III e	corbo		13. FATHER'S NAME
ertifical	emove 2 hours		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address MILLS 170 1-0
oth c	in 7	-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
he der	nt with		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WIDE SPREAD METASTATIC CARCINING GUELL INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
that 'd	7 1		Conditions, if any, which) (b) CARCINING - LUNG-RT.
guires ioned	The second secon		gove rise to immediate couse (a), stating the under-
acidn	onsit ond		Solution
h	rial-tr naval	3	PERFORMED? YES □ NO □
IAN: T	the bu		20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of ar at this cont	emation		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a. m. 19 of work of work of work 19 o
S S S	d 50		21. I certify that I attended the deceased from
TEND	buri		alive on
OR AT	be de vior to		ACTUAL SIGNATURE TO See Tour Medical Curr Sido - 19 Now 14:
SPITAL (be refair	should Istror	'	PHYSICIAN'S Salisbury Maryland
O HOSI	989	2	PROBLEMAN ON, 276 DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY THE TOTAL LOCATION (City Town, or county) (Siote) FRANCON CEMETERY MILLS BORD DEL
VS A1	5 (4)	2	FUNERAL DIRECTOR SAISMATURE ADDRESS A
13/40	U- U1	7	problet fame Millarte Oll 1000 2 5 58 1. 1. 1. 2 Trank



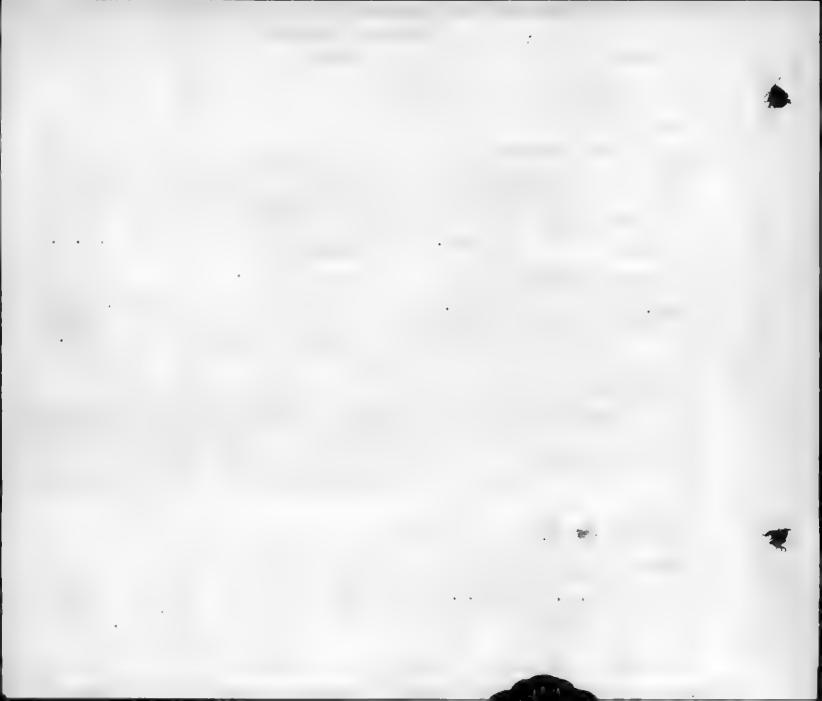
91

MARYLAND	STATE D	DEPARTMENT	OF HEALTH-	BALTIMORE,	18

2000	3080	CERTIFICATE	OF DEATH
------	------	-------------	----------

Reg. Dist. No. 13081

1. PLACE OF DEATH					2. USUAL RESI	DENCE (WI	tere decease	d lived. If instituti		ce before od	lmistran)
	icomico		MARYL	AND	o. STATE	aryla	nd	b. COUNTY	Ken	t	
b. CITY OR TOWN (III RURAL and give ne	outside corporate timit	s, write	c. LENGTH OF STAY II	и 1ь	c. CITY OR 1	OWN (IF	outside corpo	orate limits, write R	URAL and g	pive nearest	lawn)
	Salisbury Two Days				C	heste	rtown		1:12	12 C	Y
	AL (If not in hospital, gi	ve street			d STREET A	DDRESS				e. 15	RESIDENCE
	s Head Stat	е Но	spital		4	19 Ca	lvert	Street			N A FARM?
3. NAME OF DECEASED	Firs	t	Middle		Los		4. DATE	Mon	ıth	Day	Year
(Type or print)	Morr	is			Hol	lins	DEATH	Novembe	r	22	19 58
5. SEX	6 COLOR OR RACE	7 MARR	RIED NEVER MARRIED		B. DATE OF BIRTH	1		9, AGE (In years lost birthday)			NDER 24 HRS
Male	Negro.	WIDOWI	ED TO DIVORCED		Februar	v 5.	1890	68 yrs.	Months	Days Ho	urs Min
10a. USUAL OCCUPATIO	N (Give kind of work d	one 10b.	KIND OF BUSINESS OR	INDUS					12. CITI	ZEN OF W	HAT COUNTRY?
during most at work	ing life, even if retired)					_				U. S.	Α
IODE I3. FATHER'S NAME			Unk.		14 MOTHER'S	aryla				0. 0.	i Re
13. PATTICK S HAME					14 MOTHER 3	MAIDEN	_				
(Reorge Holl	ins					Unk.				
15. WAS DECEASED EVER	EIN U. S. ARMED FORCE		SOCIAL SECURITY NO	17 II	NFORMANT			Add	ress		
Unk.	, , ,	YE.	- Limit .		Hos	pital	Reco	rds - Sal	isbur	y, Mai	ryland
	TH Enter only one cou	se per li	ne far (a), (b), and (c)]							INTERVA	L BETWEEN
PART I. DEATH WAS CAUSED BY:											
11.2.2.1	IMMEDIATE CAUSE (6)	RI	retroactero	VIC	Cardio	ascul	at DE	36436			THE O
4	DUE TO										
Conditions, if as gave rise to in	nmediate										
cause (a), stating t											
lying couse last.) (c)										
PART II. OTH	ER SIGNIFICANT COND	ITIONS C	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	[1(o) 19 W	AS AUTOPSY REORMED?
3											NO K
PART II. OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURREL	D. (Enter solure of	Einjory in I	Part I or Par	t II of item 18.)			
(IF EITHER, NOTIFY	CAUSE OF DEATH										
3 20c TIME OF INJURY	Month, Day, Year	r 20d. II	NJURY OCCURRED 2	Oe. PLA	ACE OF INJURY (dome, form	20f (Cib	r or lown)	IC.	ounty)	(Stote)
Havr o.m.	10	While	Not white	foc	tory, street, office	bldg., etc	1	,	10	,00,1	(3.0.0)
		ot wor									
21. I certify the	at I attended the	deceas	ed fram11/		, 19 58		11/22				
alive anl	1/10/38	_, 12	58 , and that ϵ	death	accurred at	7:10	AM, fran	m the causes o	and an th	ne date s	tated above.
	1/2 1	0	1.					treet, city or town,			DATE SIGNED
ACTUAL SIGNATURE	JY_V - VU	رمدار	eller.		M.D		50	lisbury.	Marwl	and	11/22/5
SIGNATURE					W.U			THUISTA	******	.0364	//
PHYSICIAN'S NAME (Type)	L. V. Mal	dve.	M.D.								
220. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREON		Janes Ce				22d LOCA	TION (City, Iown of tertoval	or county)	((Slate)
			<u> </u>	711.C	0 T N					. 8	
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240 REC'	D BY REGIST		STRAR'S SIG		
Lempelle	Malle	1	Chestul	- (-3/	1 com	DATENO	V 2 5 '5	18	Thung 2	Marie	
		7								,	



4	2	1	9	n
1	Ü	£	4	4

CERTIFICATE OF DEATH

4	• 1	41	10.7	5 3
- 6	3	8 1	Phi.	-
- 2	a 3	1 6	[]	6 3
_===	~/	v	\sim	

	all to the Fig.								Reg. D	ist. No.		
1. PLACE OF DEATH					2 USUAL RES	IDENCE (W	here decease	d lived. If instituti	on: Reside	nce before	admissio	n)
MIC	comico		HAR		8.0	vlan	đ	b. COUNTY	Wico	mico		
b. CITY OR TOWN (If a RURAL and give near	outside corporate fimils, rest town)	, write	c. LENGTH OF STAY	1	c. CITY OR	TOWN (II	outside corpo	prote limits, write A	URAL ond	give negres	st fown)	
Delmar			35 yı	rs		Delm	ar					
d. NAME OF HOSPITAL OR INSTITUTION 906		e street o reet			d STREET	-	tate	Street		1	IS RESID	ARM?
3 NAME OF	First	reet	Middle						-4			
DECEASED (Type or print)	Amv		Wilson		ں Horsev		4. DATE OF DEATH	Nov	_	Doy	Ye.	58
5. SEX (6. COLOR OR RACE 7	MARRII	ED NEVER MARRI	ED 🗍 E	DATE OF BIR			9. AGE (In years last birthday)	IF UNDE	R I YEAR IF	UNDER	24 HR5.
Female	White v	VIDOWED	DIVORCE	D []	April		1894	64 yrs.	Months	Days F	Hours	Mîn
10a USUAL OCCUPATION during most of working	l (Give kind of work do g lile, even if retired)	ne 10b. K	IND OF BUSINESS C	OR INDUS				ountry)	12. CI	TIZEN OF	WHAT C	OUNTRY
At Home			At Home	2		ryla				USA		
3. FATHER'S NAME					14. MOTHER	S MAIDEN	NAME					
Frank	Wheatley	I		1.0		sey	Will					
15. WAS DECEASED EVER I	her dine may be gater of read	:57 16. 5 nce	OCIAL SECURITY NO). IV. IN	IFORMANT			Add	F@33			
No -			None	<u>.</u>	Andrew	N.	Horse	y. Delm	ar.	Md.		
18. CAUSE OF DEATH	[Enter only one cous	e per line	for (o), (b), and (c).	.]						INTERV	AL BETY	VEEN
PART I. DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (o)_		Caroka	i to	lune						AND D	
430.0	DUE TO		13.0.2	t	<u>~</u>							
Conditions, il ony	, which) (b)_											
gove rise to imp couse (a), sloting the	mediate (
lying couse lost.	Under-		On torion	brot	ti Hea	J 4	rose	cal		74	- ma	
Z PART II. OTHER	R SIGNIFICANT CONDI	TIONS CO							EN IN PAI	RT 1(o) 19	WAS AU	TOPSY
Ĭ		D	Letes s	m . l	litera						PERFORA ES 🗀 I	
200. ACCIDENT WAS	UNDERLYING EL 2	ماعي م	RIBE HOW INJURY O			ol inners in	Port Lor Por	t II of item 18.)			13 LJ	40 EJ
PART II. OTHER	CAUSE OF DEATH		TOL ITOM HOUGHT	CCORNED	, jeiner noters	or milety m	101110110					
20c. TIME OF INJURY	Month, Doy, Year		JURY OCCURRED	20e PLA	CE OF INJURY	[Home, farr	n, 20f. (Cit)	r or town)	- ((County)		(Stote)
Hour a.m.	19	While of work	Not while	Toci	ory, street, offic	e bldg., ex	·-) }					
	t I attended the d	-		12	10 5	Y ta	deal	19		1 4	.1 . 1	
	I differded the d	recouse	the second second									
alive on	1- -1	, 12	ري, and that	death	occurred at			n the causes o		the date		
ACTUAL	0 1	2.	1				WDDKE22 (2	Ireal, city or town,	20	_	DAT	E SIGNE
SIGNATURE	Greek		farmer	e N	1 D		100	Come & t	1/1/2	Jan.	Jely	1461
PHYSICIAN'S NAME (Type)	E.M	1 4	ARMOR	E			DE	MAR	D	E1_		, -, (
220. BURIAL, CREMATION.	226. DATE THEREOF		22c. NAME OF CEM		FACHATORY		22d, 10CA	TION (City, town,	or country)		(Stole)	
Burial	11-8-58		Mt. Oli						, .		farnei	
23 BUNERAL DIRECTOR'S		1	ADDRESS	7		240 850	D BY REGIST	lmar. D	STRAP'S SI	GNATURE		
111 8 h	10	100	10011	and an	1/01	7 No	V 1 0 5	0	hun &			
11/2/11	(A)	1		TUCH	OC VAX	DATE		4000	AUN A.	Travel		

director, ited with TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the faspital or attending physicion.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physicion and completely filled in by the full director page 3 should be detactored for use as the buriot-transit permit. Then please remove corbon papers. Pages 1 and 2 should be the registrar prior to buriot, cremation, or remayal, and in any event within 72 haurs offer death. VS A15 (4) 15M 9/SS



FOR STATE HEALTH DEPT.

PLACE OF e. COUNT 6 CITY OF

and give d. NAME C

NAME OF DECEASED Type or pr 5. SEX

10a. USHAL C during mas 13 FATHER'S Ro 15 WAS DEC

> 18 CAUS PA

Canditio gove rise (a), sleti cause la PA

200. EXTE CAUSE O

20c. TIME

CERTIFICATION

MEDICAL

DEPUTY MEMCENT TRAMINER: This certificant should be exempted within 24 hours after the most of the found delay is necessary, execute the certifical printing the ward "pending" in pending its fig. Give Pages 1, 2, and 3 to the funeral directors is should be farward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for you FUNERAL DIRECTORY Page 3 should be used as a burial-transit permit file pages 1 and 2 with the State Board of the designation of a permit of the most of the state of the fact of the state of the fact of 4 should be farward of the TO FUNERAL DIRECTOR Page ... ö

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
13123 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. Dist. No.						
DEATH Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. STATE Maryland b. COUNTY Wicomico						
TOWN (1 outside corporate limits write BURAL c. LENGTH OF STAY IN 16 nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
ivalve	X Bivalve						
F HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS ON A FARM? YES NO						
First Middle	Lost 4 DATE Manth Doy Year						
6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. WIDOWED DIVORCED CCCUPATION (Give kind of work done of working life, even if retired)	DATE OF BIRTH P AGE In years IF UNDER 14 HPC 8-8-1901 P AGE In years In Under 14 HPC Months Days Months Days Hours Min.						
borer Farming	Maryland USA						
(If yes, give war or dates of service)	Mary Louisa ? FORMANT Address Lliam R. Insley Bivalve, Md.						
E OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN						
RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Gunshot wour OUE TO	of chest. Sudden						
ins, if any, which) (b)							
ng the underlying DUE TO							
91.	TO PROPERTY LIA COMMAND AND AND AND AND AND AND AND AND AND						
RY II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO						
Ø-or CONTRIBUTING □	est with sawed off shot gun.						
OF INJURY Month, Day, Year 208 INJURY OCCURRED 200 PLAC	E OF INJURY (Home, form, 120f. (City or town) (County) (State)						
Van While Not while	ry, street, office bldg., etc.) ne-yard. Bivalve Wicomico Md.						
ertify that I took charge of the remains described above	re, held an Autapsy , Inspection , Inquiry , and in my						
death resulted from: Natural causes . Accident], Suicide , Homicide , Undetermined manner						

Hou 21. 1 c apiniar DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Earl L. Royer, M.D. 11-7-58 DEPUTY MEDICAL EXAMINER X NAME (Type)

27d. BURIAL CREMATION 27b DATE THEREOF BURIAL (Apecity) 11-9-56 22c. NAME OF CEMETERY OR CREMATORY Bivalve Cemetery 22d. LOCATION (City, town, or county) Bivalve Md.

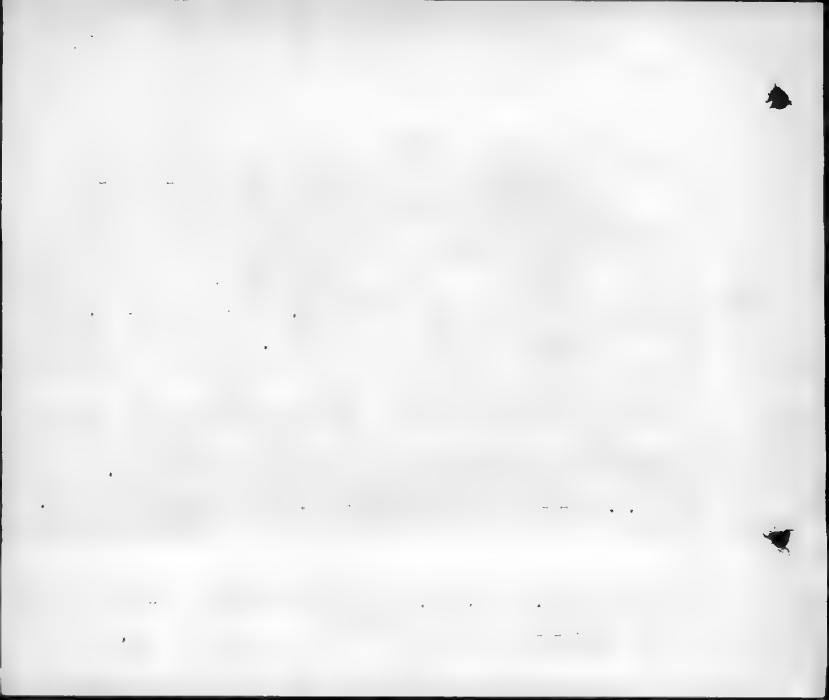
NOV 1 4 58 246 REGISTRAR'S SIGNATURE arthur S. Thank

23 FUNERAL DIRECTOR'S SIGNATURE VII. A15ME 5M 2757

ADDRESS

Bivalve. Maryland

(State)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13081 CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) p. COUNTY **b. COUNTY** MARYLAND COM 1 DETERMARKE b CITY OR TOWN (f outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest towns d NAME OF HOSPITAL (If not in hospite), give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION AVREL - JENFORD ON A FARM? YES IN NO 3. NAME OF First Middle DECEASED (Type or print) DEATH AMFS 1945 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost birthdoyl Months Days WIDOWED [] DIVORCED 1 yrs. 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME NNID 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO SPAFORD RD De CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 44. " U. 1 DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), sloting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES T NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from Colors 15 (6.3), 19.5 x, ta NO Colors A92 x, that I lost saw the deceased ____, and that death accurred at 12 1-1 AM, from the causes and an the date stated above ADDRESS (Street, city or fown, state) DATE SIGNED SIGNATURE PHYSICIAN'S" NAME (Type) ES S 220 BURIAL CREMATION 22b. DATE/THERFOR 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION IC to pode (Stote) REMOVAL (Specify) 0 23. FUNERAL-DIRECTOR'S SIGNATURE **ADDRESS** 240. RECID BY REGISTRAR 24b REGISTRAR'S SIGNATURE A15 (4) DATE 15M 10/57



Poge

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

D FUNERAL DIRECTO. After this certificate has been signed by the attending physician and completely filled in by the fundage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremotian, or removal, and in any event within Z2-May, ofter death.

TO FUNERAL DIRECTO

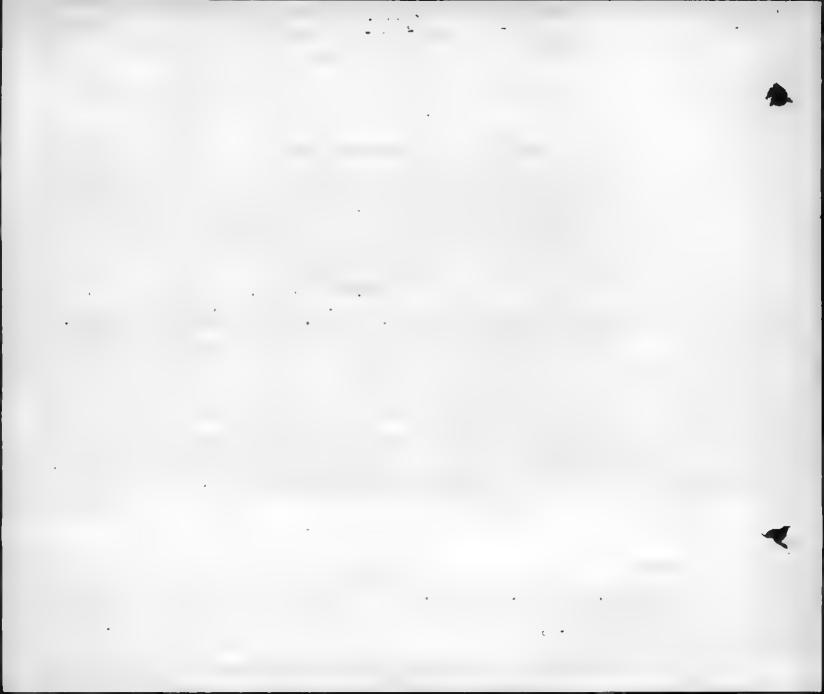
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13083

CERTIFICATE OF DEATH

13088

	keg. Dist. Ne.
1 PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
WICOMICO MARYLAND	MORE LICE & COUNTY WALE COOK I C.C.
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest fawn) DCL 1 S OLLR V 14 days	1:50 high
_d_NAME OF HOSPITAL (If nelt in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Peninsula General Hospital	302 F. Locust St. VES NO
3 NAME OF First Middle	Lost 4. DATE Manth Day Year
(Type ar print) RMDOLPH	Kelly DEATH NOVEMBUT 30 1958
5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS IF UNDER 24
male white WIDOWED DIVORCED	July 20, 1889 69 yrs Months Doys Hours Min
100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUS	
Brick Mason(Retired) Construction	North Carolina USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Kelly	Annie Yow
(Yes, no or unknown) [If yes, give wor or dates of service]	MS. Beatrice M. Kelly (WTTP) 302 E. Locust
Unk	St. Salisbury, Maryland
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)	ONSET AND DEATH
PART I DEATH WAS CAUSED BY: FLC.C.C.C.	in the et en 16de.
420./ DUE TO	
Conditions, if ony, which) (b) (ALOKO (x)	15 1 1 (d) v 1 2 2 .
gave rise to immediate cause (a), stating the under-	
lying couse last.	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
E GLOUITE TROUTE	PERFORMED? YES NO.XT
200 ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I or Port II of item 18.)
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING D OR CONTRIBUTING D CAUSE OF DEATH OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2. Course (colors of nilsty in Fort For Fort For Stein For)
	ACE OF INDIDAY (I)
Hour o, m. While _ Not while _ for	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
E p. m. 19 at work at work	
21. I certify that I attended the deceased from 1/1/4	1950, to 1955, that I lost sow the deceased
olive on 11/29, 1950, and that death	accurred at A. M., from the causes and on the dote stated above
-/1/ 11/16	ADDRESS (Street, city or town, stole) DATE SIGNED
SIGNATURE - TLOWERS (Held)	MD. I WILL KITCHEST FRANCE
BLOVERSALIE	> 1
PHYSICIAN'S NAME (Type) Dr. Thomas C. Hill Jr. ()	Do-Ca brig. 11/30/5
220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
	rch Cemetery Mogre County-N. Carolina
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE
HOLLOWAY & COMPANY CALLEBIED MAD	0.100



FOR STATE HEALTH DEET Page S.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deay is execute the certified of printing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the Uniero 4 should be forwer; Office along with form PM3. Page 5 may be retained 10 FUNERAL DIRECTO. Page 3 should be used as most between permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

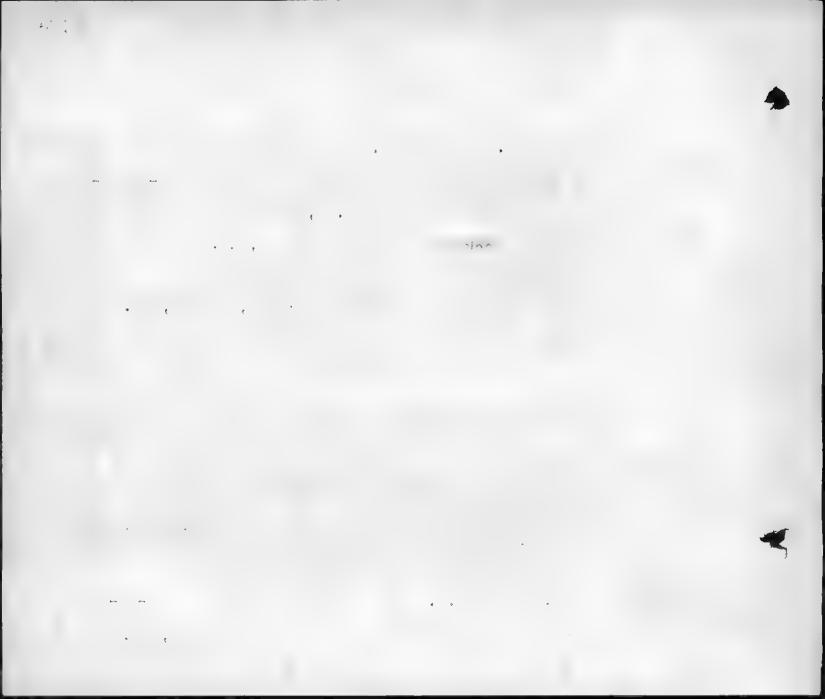
V5 A15ME 5M 2 57

ь.	-	-
0	-	4
U	0	40
0	>-	70
Ξ.	£.	100
∇	2	ž
_	mert.	εč
0	8	_
63	ë	3
\subseteq	15	C
2	2	15
44	90	-
80	_	9
-	8	ph-
O		-
_	>	10-
co.	5	. 5
mps.	E	-
ř	WS.	3
Ö	61	10
	m	č
(N	Ö	C
-	ф.	_
_		Ϊ.
1/5	ei.	ă
35	3	č
ő	D.	ζ
ے	-	2
41	2	4
>	ñ	:-
12	4	L).
U	_C	
	p per	sire
60	1	*
_	-	5
40	5	ě
	n, 18. Give Pages 1, 2, and 3 to the funeral director	n. 18. Give Pages 1, 2, and 3 to the funeral directors with form PM3. Page 5 may be retained for yay

MA	RYLAND ST.	ATE DEPARTMI	ENT OF HEALTH	-BALTIMORE,	18
13124	MEDICAL	EXAMINER'S	S CERTIFICATE	OF DEATH	

13087 Reg. Dist. Na.

1.	o. COUNTY							J. If institution, Resid	lence loetore o	dmiss on}
11	b. CITY OR TOWN I'T outs de corporate himits, write RURAL c LENGTH OF STAY IN 16 end give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hebron				
1										
-	d NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address)						ron			
						STREET ADDRESS			e 1	S RE TENCE
	Marvil	Packing	Co.	Hebron, Md		Chur	ch	The state of the s	YES	HO D
3.	NAME OF DECEASED (Type or print)	Fir E dw	ard	Lake	K	immev	4 DATE OF DEATH	Manth	26	Year 19 58
5.	SEX			ED NEVER MARRIED	8 DATE	E OF BIRTH		He years IFUNDER	TYEAR IF U	NDER 24 HRS
	M	W	WIDOWE	D DIVORCED	Jar	1.18,190	6 5	2 yrs Months	Days Hou	rs Min.
10	o. USUAL OCCUPATION of working most of working most of working the control of the	ON (Give kind at work) og life, even if retired)	done 10b I	CIND OF BUSINESS OR INDE	ISTRY 1	BIRTHPLACE (State	or foreign country)	12. CIT	IZEN OF WH	AT COUNTRY?
	Foreman		Pa	ckage makir	12	Secreta:	ry. Md.		USA	
13	FATHER'S NAME					MOTHER'S MAIDEN	NAME			
	Ben tai	min Kimme	v			Emma	Short			
15	. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO 17.	. INFOR/	MANT		Address	~ -	
\$40	n, no, or unknown)	(If yes, give wor er doles of *****	* 2	13-03-4697	Mili	onie Kim	mey, Heb			
		TH Enter only one cau				1112.0 212.00	1110-17 1 11100	1011, 1111		
		TH WAS CAUSED BY:	_		_				ONSET AND	Devin
	7 001 1, 020	IMMEDIATE CAUSE (0)	C	oronary occ	lus	ion			Suc	lden
	420.1	OUE TO								
	Conditions, if a									
	gave rise to immed (a), stating the									t.
	cause fast.	(c)								
CERTIFICATION	PART II, OTH	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BU	TNOTE	LATED TO THE TERM	INAL DISEASE CONC	ITION GIVEN IN PAR	T 1(a) 19. WA	RFORMED?
	20g. EXTERNAL CAL PRIMARY II or CO CAUSE OF DEATH.	JSE WAS NTRIBUTING (1)	b DESCRIB	E HOW INJURY OCCURRED	(Enter n	oture of injury in Por	rt I or Port II al item	18)		
MEDICAL	20c TIME OF INJU- Hour o.m.	RY Month, Doy, Yes	While	INJURY OCCURRED 20e P	LACE OF	INJURY (Home, form reet, office bldg., etc	n, 20f (City or town	(Co)	unty)	(Stote)
	21. 1 certify II	ot I took chorae	of the	remoins described of	ove l	neld on Autons	y XI, Inspect	ion [X], Inquir	CK	and in my
		_								na in my
	opition decin	resulted from: L	ABINIOI G	couses 4. Accident	السا	Suicide [_],	Homicide [],	Undetermined a	monner L	_
	ACTUAL	1 0.	//	7					DAT	E SIGNED
	SIGNATURE	Can's	- 1	12	M.D	CHIEF MEDICAL E	XAMINER []			
	EXAMINER'S			1		ASSISTANT MEDIC	AL EXAMINER			
	NAME (Type)	Earl L. F	loyer	, M.D.		DEPUTY MEDICAL	EXAMINER 🔼	11-27	7 - 58	
72	BURIAL CREMATIC	N 226 DATE THEREC	F	22c. NAME OF CEMETERY C	OR CREM	ATORY	77d. LOCATION (C	ity, tawn, or county)	(5	fote)
	Burial	11-29-5	8	Firemans			Sharpt	own, Md.		
23	FUNERAL DIRECTOR		,	ADDRES5		24a. REC'		24b. REGISTRAR S SIC	SNATURE	
1	M- V	M 200	11	VV 1	4	2/ 2000				
1	ronus	11/1/100	12	spanjerus	1/	14 DUE	1 '58	Criner S :	July	



Poge 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

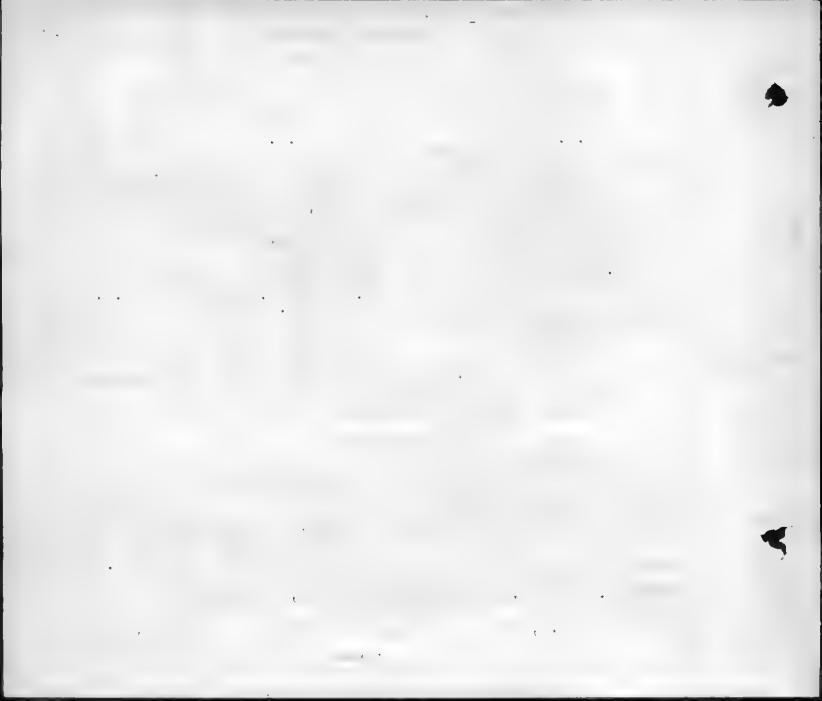
13125 CERTIFICATE OF DEATH

13089

						*** ****
1. PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2 USUAL RESIDENCE (WHO DE STATE		COUNTY	Wicomico
b. CITY OR TOWN	(If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o			
RURAL and give		C. C			ral)	Read recreate 10m/s
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in haspital, give street N R.D.# 1	address)	d STREET ADDRESS R.D.	<i>,</i> # 1		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	WILLIAM	McKINIEY K	NOWLES	4. DATE OF DEATH	Month NOV.	28th 19 58
5. SEX Male	6. COLOR OR RACE 7 MARR		a. DATE OF BIRTH July 3, 1904	lost	A. C. A. C. Land	Ogus Haurs Min
100 USUAL OCCUPAT during most of we School	TION (Give kind of work done 10b. orking life, even if retired) Bus Operator	KIND OF BUSINESS OR INDU	Riverton	or foreign country) Maryla		US A
13 FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME		
Rufus D	. Knowles		Melissa	Hea	rn	
15. WAS DECEASED EN (Yes no at unknown)	VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	Mardela.	.Knowle	s(Wife)R	.D.# 1
	EATH [Enter only one couse per line EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (o). (b). and (c).		Lyc		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gave rise to cause (a), statin lying cause tos	immediate ng the under-	Vargadira	rod cerchai	arteur	lorges	7
PART II O	THER SIGNIFICANT CONDITIONS	Renalis	chamer ar	of bulenech	e tartoure	THO IP. WAS AUTOPSY PERFORMED?
T. [1	WAS UNDERLYING THE 206 DESC NG THE CAUSE OF DEATH FY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in I	Park I or Part II of it	em 18 j	
20c TIME OF INJU Hour e.m p. m	While	NJURY OCCURRED 20e. PL. Not while k at work	ACE OF INJURY (Hame, form clary, street, office bldg., etc.			County) (Stale)
21. I certify	that I attended the decease		occurred at 9:251	_M, from the	causes and an t	
ACTUAL SIGNATURE	ant 3	farmon	MD. 100 Grest 1	ADDRESS (Street, cit	or town, state) Oel No	V. 30 /195
PHYSICIAN'S NAME (Type)	r.Ernest M. L		Delmar, I			
220. BURIAL, CREMAT REMOVAL (Specification)	Dec.1,1958		r crematory Thurch Cemet		verton,	(Stote) Maryland
23 FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S SIG	1 .
TOLLOWAY	& COMPANY	SATITSBITEY MA	HYT AND LA-DEC	3 '58	Orthur & 1	Italia

TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that death certificate be executed within 24 haurs after death. may be retained to the despital or attending physicion.

TO FUNERAL DIRECT, After this certificate has been signed by the attending physicion and completely filled in by the funcage 3 shauld be described for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, or removal, and in any event within 72 hours office depoth. VS A1S (4) 15M 9/55



13090

Reg. Dist. No.

												
n. COUNTY	Wicomico		MARY	(LAND	2. USUAL RES		ylan	ned lived. If in		Residence be W1COI		tion)
b. CITY OR TOWN and give neorest h	(If outside corporate limits, wri		c. LENGTH OF STAY	IN 1b	c. CITY OF		outside co	rporote limits, w	rite RUR/	AL and give r	nearest fow	n)
d. NAME OF HOS	Pen Gen.			13)	d. STREET	ADDRESS 515	s.	Pinehu	rst	Ave.	e. S RES	FARM?
3. NAME OF DECEASED (Type or print)	F _H RU		Middle	2;	Tou		4. DATE OF DEATH	N F	onth	- 9		1-8
s. sex Female	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED		DATE OF BIRTH	,190	5	9. AGE (In year lost birthday)		NDER TYEAR		R 24 HRS Min.
during most of wor House 13. FATHER'S NAME	TION (Give kind of work king life, even if relired)	done 10b, K	at Home		Phil	adel	ohia	cauntry)		2. CITIZEN C	U S	
Morri		_				Recor						
IS. WAS DECEASED (Yes. no. of unknown) NO	EVER IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL SECURITY NO.	WY.	5625	Gold	iste:		_	la. F	a.	
Conditions, if gove rise to Imm (o), stoting the couse lost.	nediate cause		NTRIBUTING TO DEAT	+ RIIT NO	OT RELATED TO	THE TERMI	NAI DISFA	SF CONDITION	CIVEN IN	N PART YOU	Was a	UTORCY
PART II. C			ce		JI NEDVICO 10	THE PERIOD	· ALDIJEA	. CONOTION	OTTEN	1	PERFOR	MED?
	UPINITUDIA LI	b. DESCRIBE	HOW INJURY OCCUR	RED (En	ter noture of in	ijury in Port	I or Port I	of item 18)				
20c, TIME OF IN. Hour o. n	n.	While	Not while	De. PLACE factor	OF INJURY (I y, street, office	Home, form bldg., etc.)	20f. (C.)	y or lown)		(County)		(Stote)
death resulte	that I took charge ed from: Natural			. Suici	ide [], H		AMINER [ndetermine	_	nquiry [] e [].	DATE SIG	
20. BURIAL, CREMAT REMOVAL (Special Control Co	A.A. I		S/24		REMATORY	MEDICAL E	22d. LOCA	TION (City, lov	rn, or cou	unity)	(Stote)	
BUTTA.	I' Nov. 10,	1928	Rooseve	€LT	cemete	, , ,		ladelp			Buck	s C
	& C(MPAN)	y 5	ALISBURY	MAR	YTAND	DATE ON	9 8Y REGIS			8'5 SIGNATU		
		_ \.		411444		DAISU	V 47 321		meny	S. Kray	4	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is necessory, please execute the certificate working the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Possed should be forwarded to the Cylindrical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR Frage 3 should be used as a buriof-transit permit. File pages 1 end 2 with the registrar prior to burior, cremotion,

ar removol.

V5. A15ME(S) 5M 9/55 37.4

I



UNTRY?

State)

eased

Cirling d. . chua

	- VANDARA	
Ĺ	IN SA	1
Wil	[第]	1
, <u>,</u> ,		

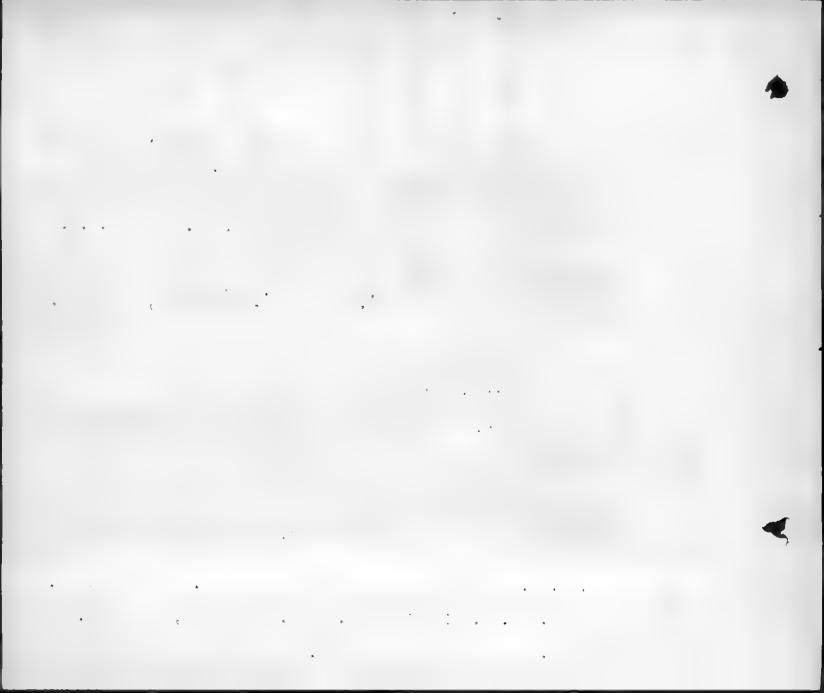
the attending physicion and campletely filled in by the.

Then please remave carbon papers. Pages 1 and 2 s165, vent within 72 heav, after death. the registrar priar to burio, cremation, ar remayal, and in any event may be retained by the TO FUNERAL DIRECTOR page 3 should be detact

VS A15 (4) 15M 10/57

that the death certificate be executed within 24 haurs after death.

L	20000	CERTIFICA	E OF DEATH	Reg. Dist. No.
1	PLACE OF DEATH o. COUNTY WICOMICO	MARYLAND	o. STATE Maryland.	I. If institution Residence before admission b COUNTY W1COM1CO
3	b. CITY OR TOWN (If outside corporate limits, write gural and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate li	mits, write RURAL and give nearest fawn]
1/2	SONAME OF HOSPITAL (If not in hospital, give street or OR NISTITUTION A.I.A. S.C.I. LA CENETAL F	HostitaL.	,d. STREET ADDRESS 817 COOK	e is reside
3.	NAME OF DECEASED (Type or print) James Daniel M	ac Knight AC	KNIGHT 4. DATE OF DEATH NO	Wanth Day Yeo
1	SEX 6 COLOR OR RACE 7. MARRIE WIDOWED	DIVORCED No	0 Vember 19,1958 101	SE (In years of birthdoy) Months Doys Hours of Street,
10	USUAL OCCUPATION [Give kind of work done 10b K during man of pretting life, even if retired]	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLASE 4 State of foreign country	vid. 12. CITIZET OSWIAT CO
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Raymond Louis M			narpe
15 (Y	WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. St. no. or unknown) (If yes, give war or dates of service)	OCIAL SECURTY NO. WINK	Haymond L. Mac l. Cooper St. Sal	(night (Father)
	IB. CAUSE OF DEATH [Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate	e for (6) (b), and (c)] white course (E homanhage	INTERVAL BETWONSET AND DE
z	Lying couse lost. DUE TO Lying couse lost. (c)	mun blei d	y ilacenta	Meria /the
FICATIO	f'esem al	-ity. 12	or related to the treminal disease con	PERFORMI
IL CERT.	(IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter nature of injury in Pol/1 or Part II of	
MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work	Not while toctor	OF INJURY (Home, farm, 20f. (City or to y, street, affice bldg., atc.)	wn) (County)
	21. I certify that I atlended the deceased alive an 19.3. ACTUAL SIGNATURE PHYSICIAN'S Dr. O. J. Bur	and that death of	coursed at. San.M. From the ADDRESS (Street, o.).	11-21-
220	NAME (Type)	22: NAME OF CEMETERY OR COMICO	fem'orpark. "5911"85	ary, oMaryland (State)
23.	FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & Co. Se	ADDRESS alisbury, Mar	yland 240. REC'D BY REGISTRAR DATEMON 2 4 '58	246. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3	3	9	y	7

FOR STATE	1308	6 MEDICA	L EXAMINER'S	CERTIFICA	TE OF DEA		, Dist. No.	
HEALTH DEPT.	PLACE OF DEATH			2. USUAL RESIDENCE (\	Where deceased fived			odmission)
decise of the colline		Wicomico	MARYLAND		laryland	COUNTY	Worce	
8	b CITY OR TOWN I autside corp and give nearest fown}	prote limits, write FURAL	c, LENGTH OF STAY IN 1b	C CITY OR TOWN (II	f outside corporate lin		and give neare	st town)
d y d	d. NAME OF HOSPITAL OF IN		2 weeks	Route d STREET ADDRESS	2 Berli	<u>n</u>	× <u></u> 1.	IS RESIDEN
Soon and and and and and and and and and an	Springhill			d STREET ADDRESS				ON A FARA
fune fune Stote seath	3. NAME OF DECEASED	First	M'ddle	Lost	4. DATE OF	Month	Doy	Yeor
the the fer	(Type or print) Alori		ginald M	ariner	DEATH	11	24	19 5
oy b	5. SEX 6 COLC		NEVER MARRIED 6		9. AGE			UNDER 24 II
2 2 3 3 3 3 4 3 5 4 3 5 4 3 5 4 3 5 5 5 5 5	M	M MIDOMED		9-6-1883		5 m		. 1
deother of the state of the sta	10a. USUAL OCCUPATION (Give I during most of working life, eve	ind of work done 10b. K in if retired)	IND OF BUSINESS OR INDUST	RY 13. BIRTHPLACE (Slote	or foreign country)	12	CITIZEN OF W	HAT COUN
五十二二十五	Farmer		Self		Hill, M	d.	U.S	.A.
M3.	13. FATHER'S NAME			14. MOTHER'S MAIDEN I				
m P	Edwin A. Ma	riner	COCIAL CHOICE AND THE MA		an Holla			
For Till		war as dates al service)		IFORMANT		Address		
The state of the s	No N			r. Reginal	d Marine	r. Ber	-	
30 ph	18. CAUSE OF DEATH Enter	only one cause per line i	for (a), (b), and (c). }				INTERVAL	

Edwin n. A	Mariner		Suzai	n Holland	
AS DECEASED EV	ER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO	17. INFORMANT	Address	
3T -	Jif yes, give war at dates at service)	31	Man Dandana Id	Mandage Danild	- N/A
	NO	None	Mr. Reginard	Mariner, Berli	n, Md.
B. CAUSE OF DEA	ITH Enter only one cause per	line for (a), (b), and (c).			INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Sub dural h	ematoma, left.		7 days
11 1	DUE TO				
Canditions, if a					
rave rise to imme	S DATE NO 100		4		
o), stating the	(c)	Arct out to the			7 das.
BARY IS OT	ARD SIGNIFICANT CONDITION	CONTRIBUTION TO SCATL	OUT NOT DELATED TO THE TERMINA	CICEACE CONDITION CHIEFLINI DAGE	11 110 1110

CERTIFICATION WAS AUTOPSY PERFORMED? cardio-vascular disease Arterio-sclerotic YES 🔲 20g. EXTERNAL CAUSE WAS PRIMARY 1 or CONTRIBUTING CAUSE OF DEATH. 200 Pattent www.scctonfusedo' and required sestraints, got out of restraints and over side &fell

204 INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY head. Nursing Home 11-18-58 While Not while of work Not while of work Salisbury Wicomico Md.

21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry

Suicide , Hamicide . Undetermined manner opinion death resulted from. Natural causes

DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE

ASSISTANT MEDICAL EXAMINER

1-12-59 Royery DEPUTY MEDICAL EXAMINER A NAME (Type) 220. BURIAL CREMATION 27d LOCATION (City, town, or county)

(Stole) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

5M 2 57

0 VS ATSME

should be forw

Office along with form

hief Medical Examiner

shoutd be used

Film G237 - 1/15/59 - Originally this death was filed on a regular death certificate form, but later found to be a medical examiner's, so this certificate was filed. mb



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13087

CERTIFICATE OF DEATH

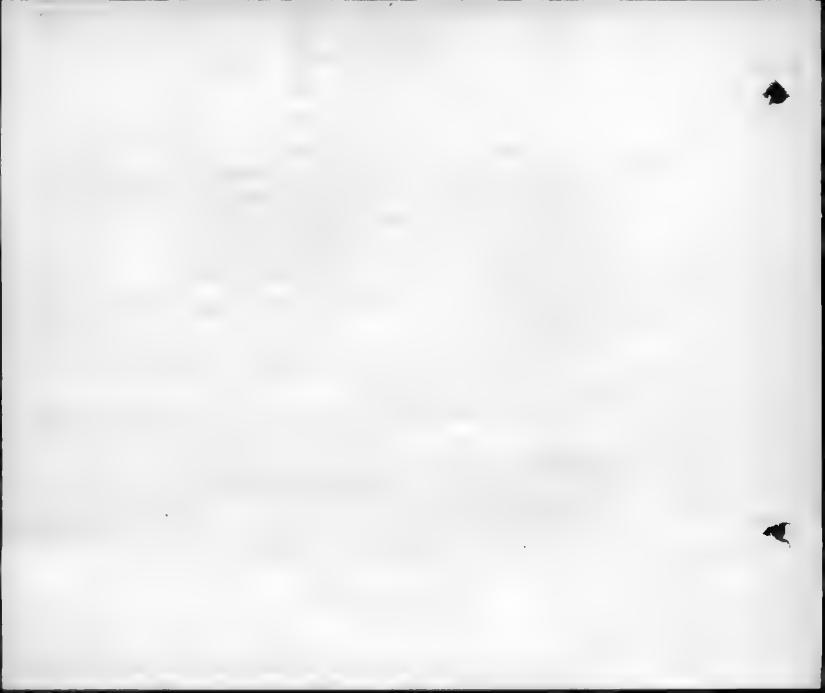
13092

10001	CERTIFICA	AIL OI DEAIL	Reg. Dist. No.			
PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2 USUAL RESIDENCE (WHO		If institution, Residence COUNTY WICOM		oon)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) S. L. S. S. Dury	months	c. CITY OR TOWN (IF of	rtside corporate limi SDILTY	ts, write RURAL and gi	ve negrest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddres of institution Dear's Head State Hospital	13)	d street address Furtherton	Drive		e. IS RESI ON A YES [
3 NAME OF First DECEASED (Type or print) Mathias	Middle Tc	Marshall	4. DATE OF DEATH	Month November		reor 58
S SEX Male 6. COLOR OF RACE WIDOWED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2/25/1867	9. AGE lost I	pirthdoy) Months [YEAR IF UNDE	R 24 HRS. Min
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUS	Maryland	or foreign country)		SA	COUNTRY?
ற FATHER'S NAME Mathias T. Marshall		14. MOTHER'S MAIDEN N		ns Axxxxxx ns Axxxxxx		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes no or unknown) TY 11 5 9 (If yes, give wor or dates of service)				ther)R.D.	#Shad	Poin
18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rect	(o). (b). ond (c)]		ebury, Ka	ryzan a -	INTERVAL BE	DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse last. DUE TO Conditions, if any, which (b). DUE TO	eral arterio	sclerosis			Year	5
PART II. OTHER SIGNIFICANT CONDITIONS CONTR Previous CV1 with residual 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	l left hemip		oscleroti	c heart di	PERFO	PMFD2
Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY	Not while for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f (City or town) (Co	unty)	(Stote)
21 I certify that I attended the deceased fralive on Nov. 12 1958		accurred at 1:40P	M, from the condition of the condition o		date state	
PHYSICIAN'S G. Kosmahly, M. D.			y, Maryla		to the state of th	
REMOVAL GOOCHY NOV.15,1958	Shad Point		#1 .	ty, town, or county) alisbury,	Maryla	*
	ADDRESS ISBURY MAF		by registrar 7 '58	Cathan & K.		

director, filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTO
After this certificate has been signed by the attending physician and campletely filled in by the fulpage 3 shauld be determed far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be the registror priar to burial, cremation, ar remayal, and in any event within 72 hours after death. V\$ A15 (4) 15M 9/SS





Pour

FUNERAL I

0

VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



papers.

COL

гетоуе

eose

0

ottending

þ

baub

P

Should be

FUNERA oge 3 sh

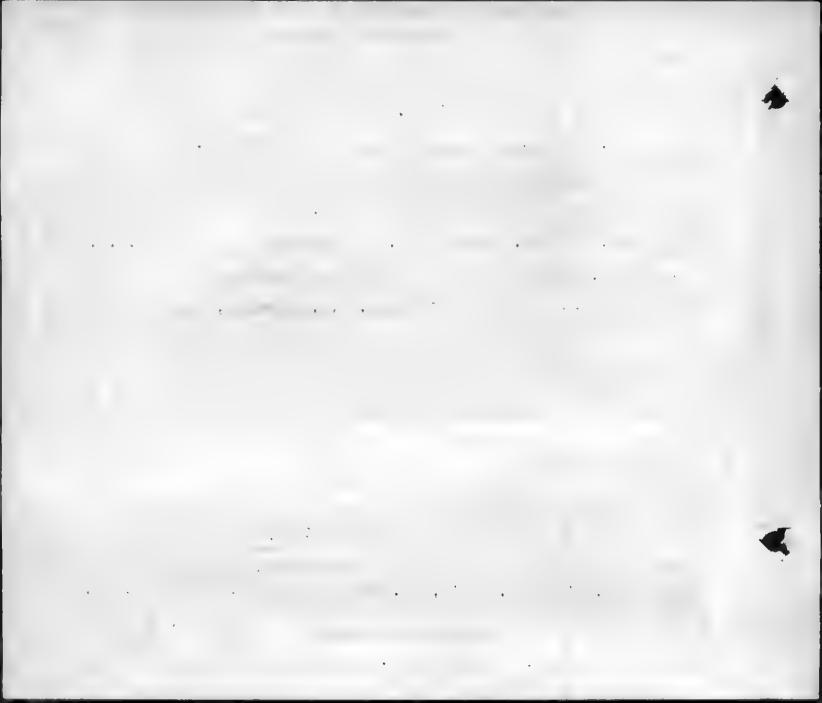
0

VS A15 (4) 15M 9/S5

death

72

within



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6

13090	CERTIFICA	ATE OF DEATH	1309 Reg. Dist. No.
ATH TAX		2. USUAL RESIDENCE (Where deceased lived.	If institutions Residence before admission

	70000				eg, Dist. No.
	1. PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Whe	re doceased lived. If institutions nd. b. COUNTY	Residence before admission) Somerset
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Maryland	4 mo. 21 days		tation, Maryla	
ş)	d. NAME OF HOSPITAL (If not in hospitol, give street or institution of the Head State	oddress) Hospital	d STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Laura	E, Middle M:	iles	4. DATE Month OF NOV.	Doy Year 22 19 58
	Female 6. COLOR OR RACE 7. MARI		Dec. 10, 190	- lost hirthdoxl in	UNDER 1 YEAR IF UNDER 24 HRS. Conths Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired) LONGS C.I.C	kind of business or indust unk	TRY 11 BIRTHPLACE (Stole o	. "	USA
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	AME	
	Henry Evans			Harriett Bell	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yet no or unhapm) (If yes give wor or date of service) UNK		Hospital Reco	Address rds Salisbu	
	PART I. DEATH WAS CAUSED BY:		arcinoma		ONSET AND DEATH
		4 yrs.			
	lying couse lost.				
	PART II. OTHER SIGNIFICANT CONDITIONS (200 ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
		CRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in Pa	ort I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d il Hour e.m. While p. m. 19	Nat while facts	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City or town)	(County) (State)
	21. I certify that lattended the decease alive an Nov. 22, 195	ed from July 1,	19 58, to Nov accurred at 6:45 1		hat I last saw the deceased I an the date stated above
	ACTUAL A LALL	•	A	DORESS (Street, city or town, stat	
	SIGNATURE VI- WELL OWN	N	Lo. Salisbui	ry, Maryland	11/23/58
1	PHYSICIAN'S L. Maldve, M.I.				
	220 BURIAL CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY OR	1	22d. LOCATION (City, fown, or c	ounly) (Stote)
	QUETAL DIRECTOR'S SIGNATURE	ADDRESS	CEMETERY	BY REGISTRAR 24b. REGISTRA	AR'S SIGNATURE
	1- 01.	C	to a f	21	m & Vipelini on L

with TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death; Page 4 director. may be retained by the hospital or attending physician.

**TO FUNERAL DIRECT

After this certificate has been signed by the attending physician and completely filled in by the figure 2 should be c. And for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.

9

V5 A15 (4) 15M 9/55

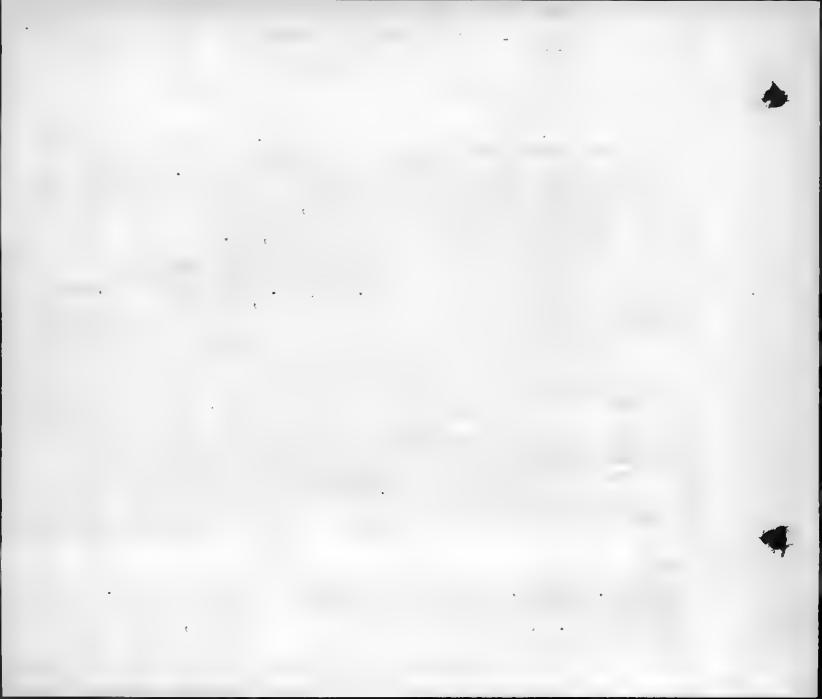


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13091 **CERTIFICATE OF DEATH** requires that the death certificate be executed within 24 haurs after death. Page PLACE OF DEATH d. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE (Maryland b. COUNTY WICOMICO Wicomico MARYLAND h CITY OF TOWN III quitide corporale limits write | c 15NGTH OF STAY IN 15 ar ottending physician. scribbly the ottending physicion and campletely filled in by the full secretificate has been signed by the ottending physicion and campletely filled in by the full second the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should nation, or remayal, and in any event within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The low TO FUNERAL DIRECAL Free page 3 should be described the registrar prior to buriol.

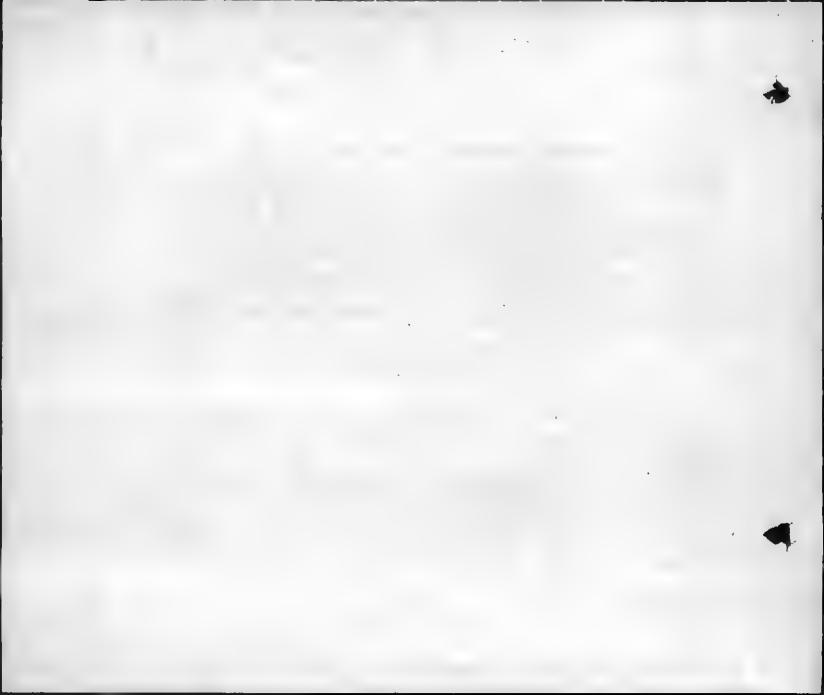
Reg. Dist. No.

	RURAL and give neo	"Salisbur	У	C. LENGTH OF STAT	IN ID		Salis		rore umus, write	KUKAL ond	Bise usos	esi lawn)
	d. NAME OF HOSPITA OR INSTITUTION	520 E.Ch	ve street urch	oddres) 1 St		d. STREET A		.Chu	rch St		e		IDENCE FARM? NO [
	NAME OF DECEASED (Type or print)	WILLIA		WESLE)		MILLS		4. DATE OF DEATH	Nov.	onlh 1	9th		7eor 19 58
	XXXXXX	6. COLOR OR RACE White	WIDOWE	D DIVORCE	0 🗍		3,186		9. AGE (In year last birthday)	Months	R 1 YEAR I	Hours	R 24 HRS. Min.
		(Retired)	_	kind of Business of	OR INDU:			or foreign co		12, CI			COUNTRY?
	Isaac M:					Chai			ne Jenl	cins			
5 Y.	WAS DECEASED EVER	IN U.S. ARMED FORCE yes, gave wor at doles of se	ES? 16	SOCIAL SECURITY NO	, WA	Sal	le H.	Mil y, Ma	ls(Wift aryland	") "520	E.C	hur	ch S
	PART I, DEAT	H [Enler only one county one coun		e for (o), (b), ond (c)	l.	e Has	~~~	Ly	<i>K</i>		INTER	RVAL BE	WEEN DEATH
5	Conditions, if on gove rise to im cause (o), stoling the lying cause lost. Part II. OTHE	mediate (NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(a) [19	, WAS A	ALTOPSY
CERTIFICATI	200, ACCIDENT WAS OR CONTRIBUTING [[IF EITHER, NOTIFY N	UNDERLYING []] CAUSE OF DEATH SEDICAL EXAMINER)	206 DESC	RIBE HOW INJURY	CCURRE	(Enter noture o	f injury in F	Pert I or Part	II of item 18 }				RMED?
MEDICAL	20c. TIME OF INJURY Hour a. m. p m.	Month, Day, Yeo	20d. IN While at work	JURY OCCURRED Not while of work	20e PL/	ACE OF INJURY (story, street, office	Home, form, bldg., etc.	, 20f. (City	or lown)	((County)		(Stote)
	21. I certify the olive an	of I offended the		S, ond that	z/ deoth		∤: 30A	M, fron	the couses	ond on I	last say	e stote	deceased ad obove. TE SIGNED
2-		Ernest M				Delma		elawa		No			1958
-0	REMOVAL (Sectiv)	Nov.21,1		Mardels					ion (City lown dela, I	Maryl	and	(State)
	FUNERAL DIRECTOR'S			ADDRESS SALISBURY	AM 3	RYLAND		2 4 '58	1 -	Lun S.			

VS A15 (4) 15M 9/S5



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 13092 Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND DISOMICO b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town! d NAME OF HOSP TAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO F 12/11/21/12 3. NAME OF Middle 4 DATE Month Day Year DECEASED (Type or print) DEATH 19 4 5. SEX 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days WIDOWED [7] DIVORCED [100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) BIRTHPLACE (State or foreign/country) 12. CITIZEN OF WHAT COUNTRY? borrpap er death. gud 13 FATHER'S NAME 14 MOTHER'S MAIDEN MAME IS. WAS DECEASED EVER IN U. S'ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address CAUSE OF DEATH [Enter only one couse per lune fall (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (c) **DUE TO** Canditions, if any, which gove rise to immediate **DUE TO** cause (a), stoting the underlying couse lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES [NO D 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury for fart I or Part II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d INJURY OCCURRED [County] (Stote) factory, street, office bldg., etc.) While Not while at work of work D. m 21. I certify that I attended the deceased from Athat I last saw the deceased alive an and that death occurred at 1917 AM, from the causes and an the date stated above. ADDRESS (Street, city DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER REMOVAL (Special) 22C/NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City fown, or county) (Stote) O ADDRESS FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) C -1 un & trans 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE d. STATE Virgi	•	lived. If institution b. COUNTY	n. Residence bef	
b. CITY OR TOWN (If outside carparate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		ote limits, write RL		
RURAL and give negrest town) Salisbury	2 days		rksley -			
d NAME OF HOSP TAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRES				e. IS RESTDENCE
Peninsula General Hos	pital				<u> </u>	YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE	Mont	n D	Pay Year
(Type or print) Margaret	MILLER	Nock	OF DEATH	Novemb	er	15 19 58
5 SEX 6. COLOR OR RACE 7. MARR		8 DATE OF BIRTH	<u> </u>		IF UNDER TYEA	R IF UNDER 24 HRS
Female White WIDOWS		DEC. 27, 19	21	36 yrs.	Manths Days	Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (S	Hate ar foreign co	untry)	12 CITIZEN C	OF WHAT COUNTRY?
Housewife		Mari	lan d			U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAID				345411
Howard Miller		Anni	е			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT		Addr	29.5	
(If yes, give war or dates of service)		J. Graham	Nock. I	arksley.	Va.	
1B. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]					TERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY	rcinoma Cervi	r Fridermoi	a		01	ISET AND DEATH
IMMEDIATE CAUSE (a) US	T.CTHOMS OBLAT	r. phrasimor	_u			
G., 405 4 1313 0m		a ha a d a				
gave rise to immediate	meralized meta	astasis				
cause (a), stating the under-						
lying couse lost.) (c)						
PART II. OTHER'S GNIF CANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL D SEASE	CONDITION GIVE	N N PART 1(a)	19 WAS AUTOPSY PERFORMED?
Cal						YES NO
PART II. OTHER S GNIF CANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	y în Part I ar Part	II of item 18)		
	NJURY OCCURRED 20e PI	ACE OF INJURY (Hame,	form 20f (City	or town	(Caunty	r) (State)
Hour a.m. While	Nat while fa	ctary, street, affice bldg.	elc.)	or rown)	(Caunty	d) (sigle)
21. I certify that I attended the decease	ed from Nov. 1)	, 19 <u>58</u> , to_	Nov. 1	1958	hat I foot on	Also, of a name of
alive an Nov 15 19	58 and that death					
alive on 1104 a	and that death	accurred at 6:1		the causes and reel, city or town, s		ie stated abave. DATE SIGNED
ACTUAL SIGNATURE LOCUL X	er Baker	м.р.	ADDRESS (SI	reel, city or town, t	rare)	DAIL SIGNED
PHYSICIAN'S Robert Lee Be	ker, Salisbury	. Maryland			11.	/17/58
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d LOCAT	ION (City, lawn, a		(State)
REMOVAL (Specify) Surial Nov.17,1758		A CREMATURI		arksley.		(2,016)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	- 24a. I		RARS \$246 REGIS		4 Eines
Xet Johnson Inc. 1	arksley Ver	ganin DATE				

Explacement cert, rec. 11/2/59

Original lost by funeral director or footman -

Maryland

Civilian & House

ı					
director,	I filed with	(N	1	`
letely hilled in by the ful	and 2 should			9	
in by	and 2			-	8
hilled	Pages 1				
elety	Po .				

Page

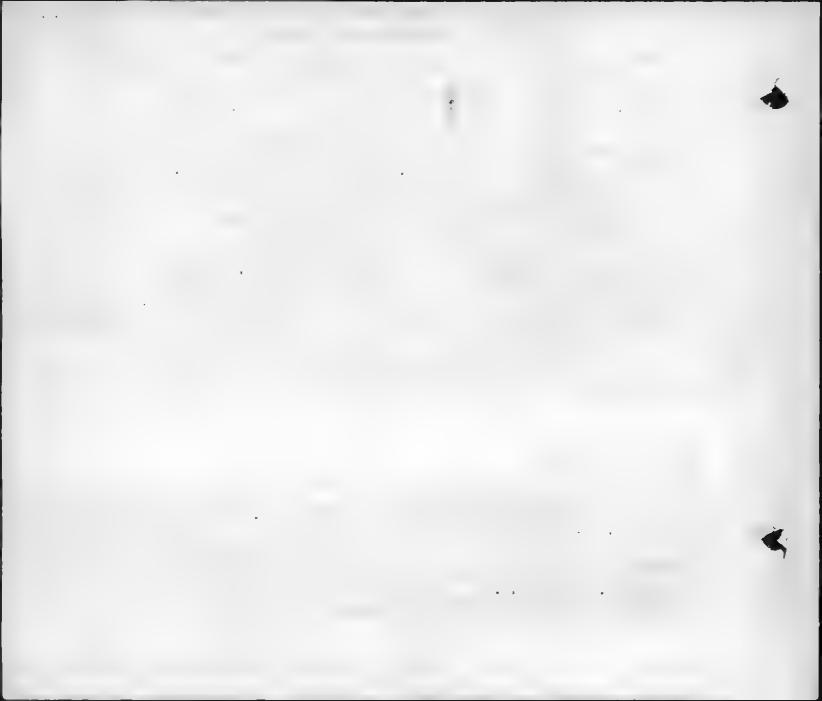
executed within 24 hours after death."

remove 7 ā é

FUNER 0

20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m While Nat while at wark | ot work | Nov. 9, 21. I certify that I attended the deceased from July 23, alive on NOV. and that death occurred at____ Salisbury, Maryland ACTUAL L. Maldve, M.D. PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 226. DATE THEREOS 22c. NAME OF CEMETERY DECORES AT AGE 72d LOCATION (City, town, or county) REMOVAL (Specify) Bethany Methodist Pocomoke Burial City. 23 FUNDRAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR VS A15 (4) Pocomoke City Ma DATE MON 1 15M 9/55

2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) 1. PLACE OF DEATH o. COUNTY Wicomico Maryland b COUNTY Worcester MARYLAND b. CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Maryland 6vrs3nol6davs Pocomoke City, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Deer's Head State Hospital YES NO W Market Street 9 Day NAME OF Middle Month DECEASED 58 Amelia Nov. Powell. (Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HBS. has birthday) June 3, 1872 Months Dovs Hours White Female WIDOWED P DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INDUSTRY 17 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Housewife mile Mervland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Bevans Henrietta B. Clayville John Sidney Rixxx WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Salisbury, Maryland makx None Hospital Records UKUKX No CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH Arterio sel. Cardieras. PART I DEATH WAS CAUSED BY ecur IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) (Stote) (County) that I last saw the deceased M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13100 Red Dist No

	Britis.
irector.	gir i Hilliage
ileo e	PA '
	311
o fu	
y the 2 sho	

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by a physician.

TO FUNERAL DIREC.

After this certificate has been signed by the attending physician and campletely filled in by the full certar.

TO FUNERAL DIREC.

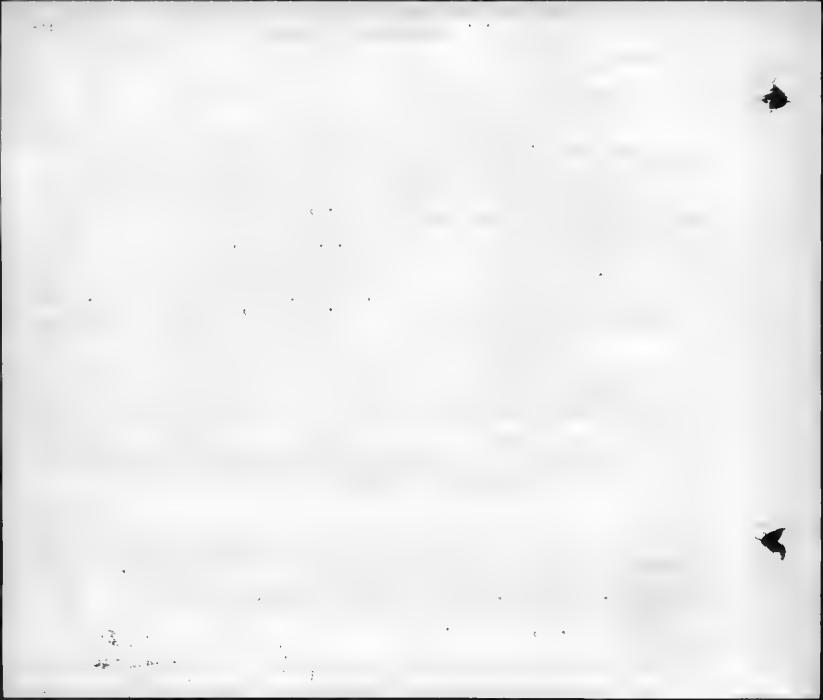
After this certificate has been signed by the attending physician and campletely filled in by the full certar.

To FUNERAL DIREC.

After this certificate has been signed by the attending physician and campletely filled in by the full certain the registrar prior to botiol, cremation, ar removal, and in any event within 72 hours after death.

C ~ 0	
5	23 FUNERA
A1\$ (4) M 9/S5	HOLL

		13094	CERTIFICA	ATE OF DEATH	l	Reg. Dist. No	12100
F.	PLACE OF DEATH O COUNTY	Wicomico	MARYLAND	2 USUAL RESIDENCE (Who STATE Maryl	ere deceased lived If institution b COUNTY		omico
	b. CITY OR TOWN RURAL and give r	(If autside carporote limits, write learest town) Salisbury	7 WKS	c city or fown (if a	utside carporate limits, write R	URAL and give ne	prest town)
	d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give stre Pen Gen. Ho		d STREET ADDRESS 203 I	Pine St		e, IS RESIDENCE ON A FARM? YES NO 1
3	NAME OF DECEASED (Type or print)	First DORA	Middle ELIZABETH	PUSEY	4 DATE Mon OF DEATH NOVEM		2nd 19 58
	Female	White woo	RRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH June. 7, 1879		Months Days	IF UNDER 24 HRS Hours Min.
	House	ON (Give kind of work dane) 10 rking life, even if retired) Work at Home	b. KIND OF BUSINESS OR INDU None	R.D.# Del	mar Marylan		A A
	-	C. Williams			AME izabeth Par	ker	
15	NO	ER IN U. S. ARMED FORCES? 1 (If yet, give wor or dales of service)	6 SOCIAL SECURITY NO 117. I	NFORMANT S.James P. M. St. Dov	ulr(Daughte er Delawar		.Bradfor
		the under: DUE TO	line Far (0), (b), and (c).] Ichne the trees & as Accessor atoris of leno concurrence of	abclemen a ple	wa.	INTI ON:	ERVAL BETWEEN SET AND DEATH
CITION			S CONTRIBUTING TO DEATH BUT			EN IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES X NO
L CERMF	OR CONTRIBUTING	G CAUSE OF DEATH MEDICAL EXAMINER	ESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	ort 1 ar Part II of item 18.)		
MEDICA	Have o.m.	RY Month, Day, Year 20d Whi 19 at w	le _ Not while_ for	ACE OF INJURY (Home, farm, clory, street, affice bldg., etc.)	20f (City ar town)	(Caunly)	(Stote)
	actual SIGNATURE	not I attended the december 22 19 dman W. J.	se, and that death	accurred at 11.501	M, fram the causes a	and on the do	the deceased to stated above. DATE SIGNED 20/1958.
22	BUR AL, CREMATIC REMOVAL IS PECTY BULLA	Nov. 25, 195	Mt. Olive	Cemetery	22d. LOCATION (City, fown, or Delmar, De	elaware	(Stote)
	FUNERAL DIRECTOR	'S SIGNATURE & COMPANY	ADDRESS SALISBURY MA			STRAR'S SIGNATUL	



Tay be r

0

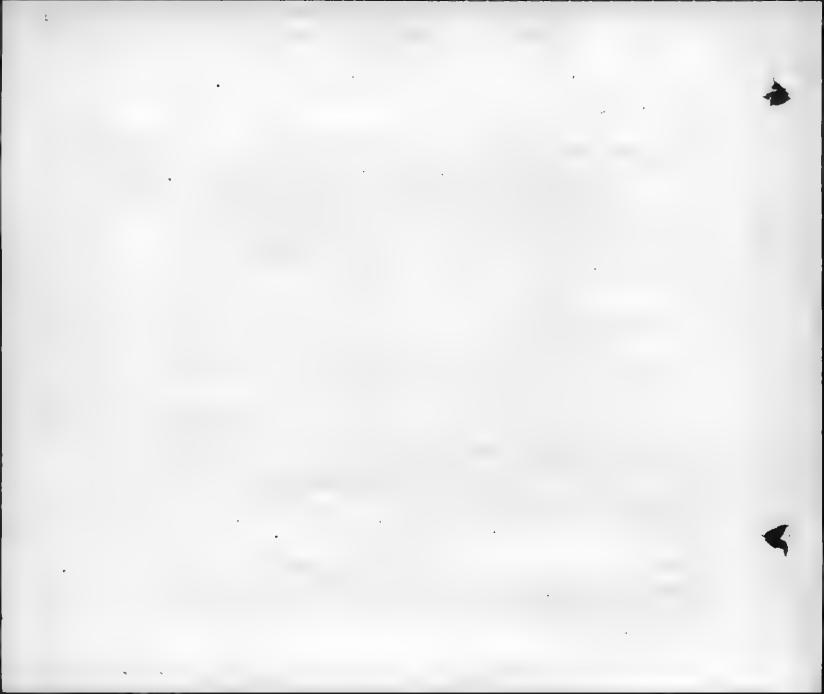
VS A15 (4) 15M 10/57

page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13101

13095 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a COUNTY a STATE **b.** COUNTY MARYLAND an inn b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) alleny d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Middle Lost Month Doy DECEASED (Type or print) E 0 DEATH NOT . man n 19 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours 2507 0 WIDOWED | DIVORCED | yes 10a. USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SSLEL PLOV 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Pobent Midlida IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or yaknown) (If yes, give wor or dates of service) 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. (c). PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I) of item 181 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc) Hour a.m. While Not while at work of work p. m. 21. I certify that I attended the deceased from _, 19<u>_5</u>_6″, lo 2., 19.20, that I lost saw the deceased alive an. , and that death occurred at 1 A. M. from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Do 7775 NAME (Type) Connor 220. BURIAL, CREMATION, 226. DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) REMOVAL (Specify) A Garage W 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Kroun



VS A15 (4) 15M 9/SS 1

13096

CERTIFICATE OF DEATH

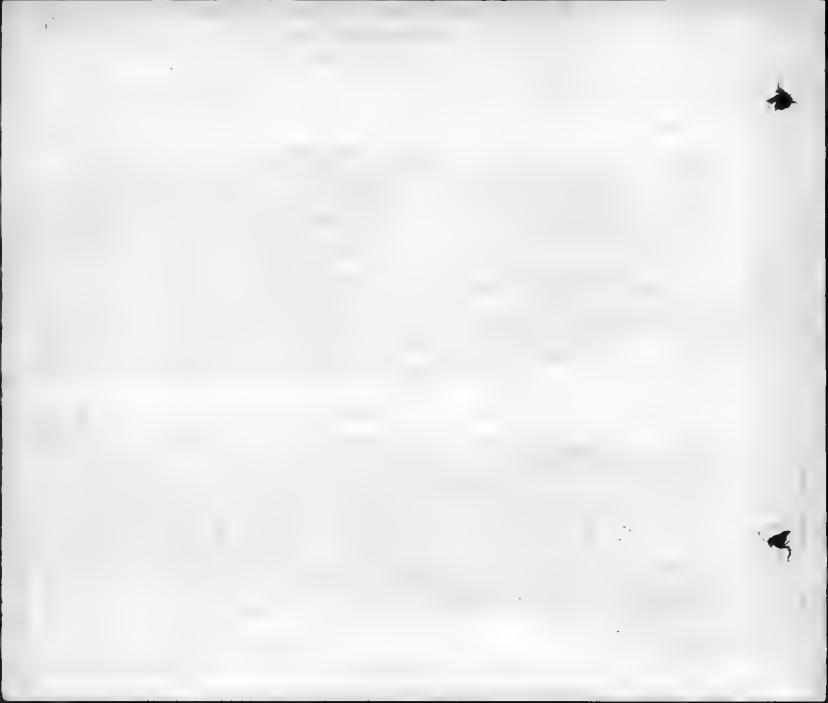
1		*	~							Keg. DIST.	NO.	
1	PLACE OF DEATH	Wicomico		MARYLANG	11 6 51	AL RESIDENCE	(Where deced	sed lived b.	COUNTY Balt:	imore (before admissi City	on)
	B. CITY OR TOWN (RURAL and give a	If outside corporate limits, earest town)		yrs. 8 mo.	c CI	TY OR TOWN (Baltimo		rporote limit				- mgl-
	OR INSTITUTION	TAL (If not in hospitol, give Head State H		•	d S	TREET ADDRESS 3818 W.		ison A	ve.		e. 15 REST ON A YES	FARM?
3	NAME OF DECEASED (Type or print)	Harr	V	Middle		loss dmaier	4. DATE OF DEAT		No	wember	Day Y	9 58
5.	Male	6. COLOR OR RACE 7. White w	MARRIED [_	B. DATE O	19, 18	886	9. AGE 1011 b	In years irthdoy) yrs		YEAR IF UNDER	Min.
	Unite. V	ON (Give kind of work don king life, even if retired) AINTER	e 10b KIND	OF BUSINESS OR IN	DUSTRY 11	BIRTHPLACE (SI				12. CITIZE	USA	COUNTRY?
13	. FATHER'S NAME				14 MC	THER'S MAIDE	N NAME	1		1 1		
L	Karl	Reidmaier				Marth	naLHave	eit)	Sa	hLau	uh	
	. WAS DECEASED EVI 93. No. or unknown) Unk.	ER IN U. S. ARMED FORCES (If yes, give wor or delea of servic	(e)	NL SECURITY NO 17	Deer's	s Head			Addi	411		y, Md
		ATM [Enter only one couse	per line for	(o), (b), and (c).]							INTERVAL BET	WEEN
L	PART I, DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Art	riosclerot	ic hea	art dise	ease				ONSET AND	
П	420			_								
	Conditions, if a		Arte	rioscliros	is, ge	eneral					Years	
L	gove rise to immediate couse (a), stating the under-											
ı	lying couse lost.	(c)										
CESTIFICATION	Pan II. or Residu	HER SIGNIFICANT CONDIT al left hemi	ons <u>contr</u> plegia	; decubiti	or not rev	iple.	RMINAL DISE	ASE CONDI	TION GIV	EN IN PART I	PERFOR	UTOPSY MED?
		AS UNDERLYING 201 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter r	solure of injury	in Port I or f	Port II of ite	n 18 }			
MEDICAL		19	of work 📗	Not while of work	foctory, stree	NURY (Home, f it, office bldg.,	elc.}	lity or town)		(Cou	,,	(Stole)
Г	21. I certify th	nat Lattended the de	eceased fr	om Feb. 27	 , 1	9.56, 10_	Nov.	7	19 58	"that I las	t saw the	deceased
	alive on	lox. 7,	1258	, and that dec	th occurr	ed at 10:	30M1fr	om the c	auses a	nd on the	date state	d obove.
١	ACTUAL SIGNATURE	G. Hon		25	_M D	Salis	sbury.	(Street, city Mary]			11/7	158
	PHYSICIAN'S NAME (Type)	G. Kosmah	ly, A.	D.	-	Deer	s Head	d Stat	е Но	spital		
22	REMOVAL (Specify	DN, 226. DATE THEREOF	nc C	HAME OF CEMETERY	OR CREMAT	ERK	228 100	L) a	le le	or county)	Stote)
23	FUNERAL DIRECTOR	S SIGNATURE LUCK	EV.	ADDRESS / H	irfor	240. R DATE	EC'D BY REG NUV 1 0	STRAR 2		TRAR'S SIGN		



Ldirector, is signed by the ottending physician and completely filled in by the full signed by the please remove carbon papers. Pages I and 2 shavid to any event within 72 hours after death.

4	1	6	i.	1
Ö		Q e	3	
(EL,	7	ō	=======================================	
モ	1	Ė	Q.	-
o.			1	
ě		0	20	
Ö	-	=	25	
5	-	<u>.</u>	ğ	
ž	-	'n	õ	
24	=	ě	- A	
Ä		Ξ >~	9	
.2		re	-	
\$	-	چّ	ers.	
Ž		50	Š	4
ä	-	Ď	E C	ç
pe		ō	ą	-
o	,	ō	8	3
Fice		ž	ò	1
er i	•	ā	ē	7
÷	5	ğuit	36	'n
9		ě	Sed	÷
e		0	5	3
=======================================		Ě	ř	4
ţ	-	6	÷	>
ë	-	8	EL H	ò
15	2.	š	ď	. t
2	Ö	5) NS	ç
ò	75.	ě	ž	ç
The	d.	200	T.	É
÷	jug.	2	مّ	E L
3	ě,	ž	ž	Ē
S	5	ē	0	Š
¥	ō.	Š	Se	2
5	ë,	E	তূ	er.
Ž	80	116	8	7
Z	9	È	ş	3115
E	1	O	de	2
~	9 6	2	ě	è
0	in a	5	9	Š
Z	e :	Ę	Š	72
25	8	Ä	5	, E
0	×	5	ge	4 7 6
0	Ē	0	8	the
g-s	may be retained by the pospital or attending physician.			
1	/S A ISM	9/	35)

	10.5	- 4	C	EKHILIC	All	E OF DEAT	П		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	Wicomic	0		MARYLAND	2.	usual residence (w	here decesse yland	d lived, If institutio b. COUNTY		omi		ion)
RURAL and give r		ls, write		F STAY IN 16		CITY OR TOWN (IF		orate limits, write RL	JRAL and	give neor	est town)
	sterville			etime	$\ X\ $	Jesterv	1116					
OR INSTITUTION	ITAL (If not in hospital, _I	give street	oddress)		1	d. STREET ADDRESS				•	ON A	FARM?
3. NAME OF DECEASED (Type or print)	ARTHUR *	rst		Middle M .	Ri	Lost ENCHER	4. DATE OF DEATH	Nov.	ħ			/eor 9 58
5. SEX	6. COLOR OR RACE	7 MARR	IED 🚺 NEVE	MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER			
Male	White	WIDOWI	D 🔲 🚨	IVORCED 🔲	6/	11/1877		El yn.	Months	29%	Hours	Min
during mast of wa	ON (Give kind of work rking life, even if retired	1	wn Fal		JSTRY	Maryla	_	ountry)	12 CI	TIZEN OF		COUNTRY
13. FATHER'S NAME	GI		WII -a.	L ±11	14	MOTHER'S MAIDEN				0 . 1		
	lpheus Re	nche	יך			Annie R	_	son				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CE57 16		RITY NO 17	INFO	RMANT	00010	Addre	ess			
[Yes, no. or unknown)	(If yes, give war or date of I	ervice)		TAT	11	Liam Renc	her,	Jesterv.	ille	. 14	ary	Land
Conditions, if a gove rise to couse (a), stating lying cause lost. PART II. 01	the under-	DIFIONS	elo	TO DEATH BU	11	RELATED TO THE TERM			EN IN PAR	Y	WAS PERFO	LATA LUTOPSY RMED?
\$ 20c TIME OF INJU	G CAUSE OF DEATH MEDICAL EXAMINER RY Manth, Doy, Ye	or 20d. II	NJURY OCCUR	RED 20e. 9	LACE	OF INJURY (Home, far.	m, 120f. (City		(4	County)		(State)
Hour e.m.	19	While of wor	k Ot work	· ·		must, office diag, er						
21. I certify to olive on	hat lattended the	deceas		ADGQ d that deat		1947. to curred at 104	⊋.M, frai	m the causes a state, city or town, it	nd on t	last sa he date	e state	deceased ad abave TE SIGNED
PHYSICIAN'S NAME (Type)	Richard	r s	aunde:	rs		Nan	ticok	te, rary	land		11/	4/58
220. BURIAL, CREMATING REMOVAL (Specify	276. DATE THEREC			of CEMETERY				estervi		a.	ryl:	
23 EUNERAL DIRECTOR	/ . //	ےiva	ADDRES	s …aryla	nd	24a. REC DATE	D, BY REGIS	TRAR 246 REGIS		GNATURI	E	



13104

13128

	20200	CERTIFICA	TIE OI DEATI		Reg. Dist. No.						
	PLACE OF DEATH Wicomico	MARYLAND	2. USUAL RESIDENCE PAND o. STATE 1.2. T. Y. L.	ere deceased lived. If instituti LITUL B COUNTY	an: Residence before admission)						
	b. CITY OR FOWN (If outside corporate fimits, write RURAL and give nearest town) Quantico	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Quantico								
	d NAME OF HOSPITAL (If not in hospital, give street Hospital, True). Quantico	oddress) FD.	d. STREET ADDRESS								
	NAME OF First DECEASED (Type or print) Milton	Middle E	Rider	4. DATE Mor OF DEATH 1 1	7th Day Year 8 19 58						
	. SEX 6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS						
	male col. widow	ED DIVORCED	11/25/ 198	1936 lost birthdoy) 21 yrs.	Months Days Hours Min.						
Л	 USUAL OCCUPATION (Give kind of work done libb. during most of working life, even if retired) 	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	12 CITIZEN OF WHAT COUNTRY?							
Y	laborer		Marylan	d	U. S. A.						
/	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
	Milton E. Rider		Roxie Pr	ice							
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Add	ress						
	(Yes, no, or unknown) [If yes, give wor or dotes of service)	14-34-83632	ilton E. Ride	er R.F.D. 1 0	mantico ID.						
F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (s).										
1	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH										
ı	HAMEDIATE CAUSE (6) 1 10 11 COCKET TOWN TIME.										
7	Conditions if any which?										
	Conditions, if ony, which gove rise to immediate (b)										
	casise (a), stoting the under- lying couse fost. DUE TO (c)										
1	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?						
ı	PART II OTHER SIGNIFICANT CONDITIONS				YES NO						
	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
1	20c TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City or lown)	(County) (State)						
1	20c TIME OF INJURY Month, Day, Year 20d. I Hour o. m. 19 While p. m. 19	Not while rk of work	ctory, street, office bldg., etc.	}							
1	21. I certify that I attended the decease	and from 1 2001	(X10 to 8	7700 / 10CC	,that I last saw the deceased						
	alive an 19 19	, and that death		M, fram the causes of	and an the date stated above.						
2	ACTUAL Furnell,		M.D	ADDRESS (Street, city or Yown,	stole) ST. 11) 270 11						
_	PHYSICIAN'S E. A. PUY	nell.M	D. Solio	Fusy)	nJ,						
	20. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county) (Stote)						
	birrial 11/12/ 58	Church Ce	emetery	Quantico	larvland						
1	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE						
	"That There of	dali Valta	1 47/10 DARENT		un S. Kraus						
Ľ	SUNCTION SURVEYU	X.7/11/19/00 09	THE STATE OF THE S	- Jo							

may be retained by "To Pupital ar attending physician.

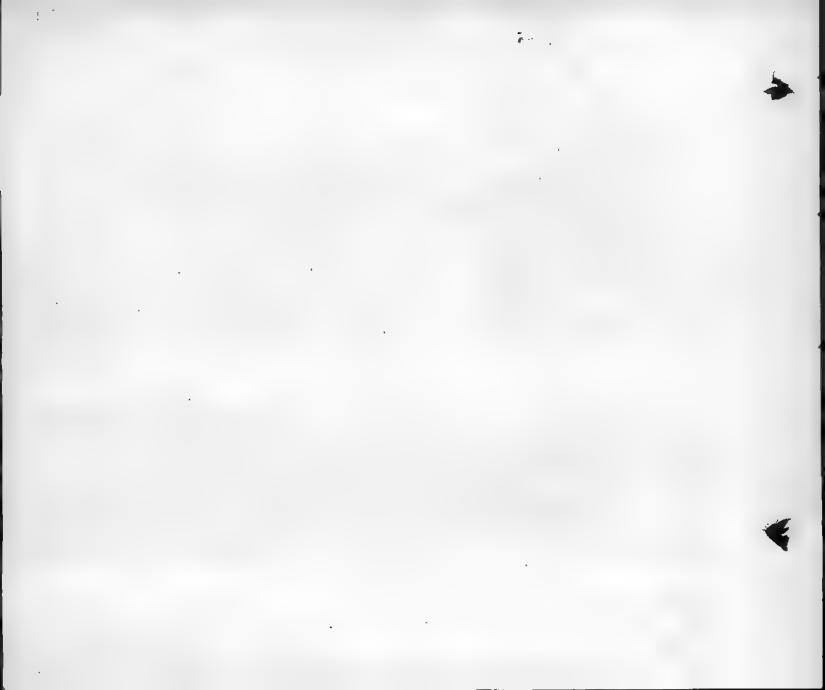
TO FUNERAL DIRECT.

The this certificate has been signed by the attending physician and campletely fittled in by the fundational page 3 shauld be decreased for use as the burial-transit permit. Then please removal carbon papers. Pages 1 and 2 shauld be fittled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

I

VS A15 (4) 15M 9/55





13098 CERTIFICATE OF DEATH

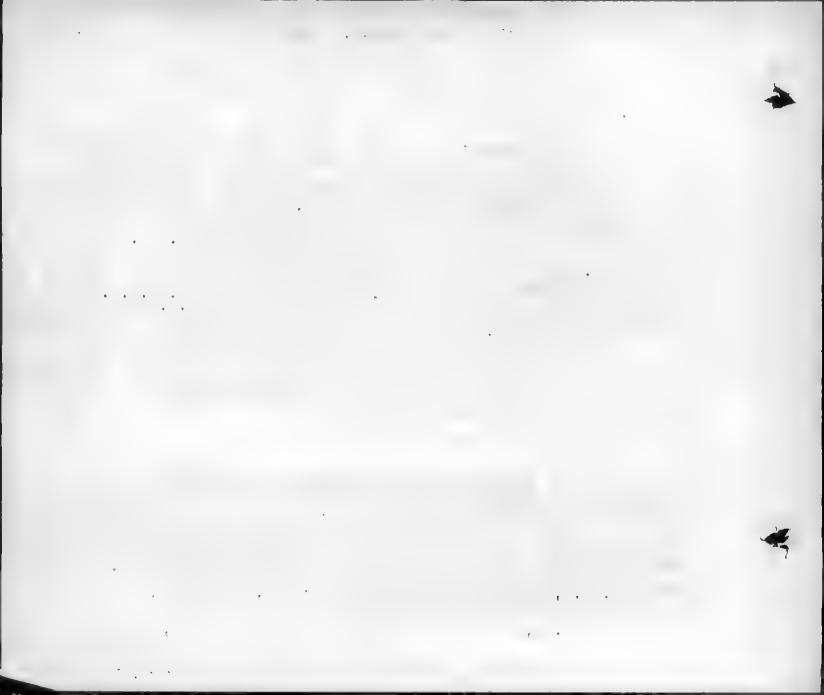
13106

1. PLACE OF DEATH. • COUNTY WICOMICO	MARYLAND	2 USUAL RESIDENCE (WI			ce before odmission)				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 15	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fruitland							
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	Tand		e. IS RESIDENCE ON A FARM?				
reninsuha Menerah M	espitato	11			YES NO X				
3 NAME OF DECEASED (Type or print) MARGIE	VIRGINIA	Rinhin	4. DATE OF DEATH 700	Month is make	2 / 1958				
5 SEX 6. COLOR OR RACE 7. MARI		March 15,18	O lost	A T AND TAX A TOTAL CONTRACTOR OF THE PARTY	TYEAR IF UNDER 24 HRS Days Hours Min				
100 USUAL OCCUPATION (Give kind of work done 10b					IZEN OF WHAT COUNTRY				
during most of working life, even if relired) House Work		Marion(Wo			USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME						
William T. Tull		Margaret							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes no, or unknown) 11 yes, give wor or dates of service)	SOCIAL SECURITY NO	Tull Ryall Washir	(Son)60 agton 4,	o Fost. N.	.W. #4				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSELAND DEATH								
Conditions, if ony, which gave rise to immediate (b) My occarched Muchini									
cause (a), slating the under- lying cause last.	cause (o), stating the under DUE TO								
PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMS	NAL DISEASE CONE	DITION GIVEN IN PART	1(6) 19 WAS AUTOPSY PERFORMED? YES NO X				
OK CONTRIBUTING LI CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	ort t or Part II of it	em 18.)					
20c TIME OF INJURY Month, Doy, Year 20d II Hour o. m. While p m 19 of wor	Not while for	ACE OF INJURY (Home, form clory, street, office bldg., etc.	20f. (City or low	n) (C	ounty] (State)				
21. I certify that I attended the deceas	ed from 11/21	1958, ta	11/2/	, 19.5 8, that I I	ast saw the deceased				
alive an	📜 , and that death			causes and an th	e date stated above				
ACTUAL SIGNATURE .	- 620	M.D	ADDRESS (Street, cit		DATE SIGNEE 7. 21. 1958				
PHYSICIAN'S Dr. Q.J. Burto	n	Maryland Av	re. Sali						
Property Parial Control 120 Date Thereof Removal (Specify) Nov. 24.195	22c. NAME OF CEMETERY O Fruitland	Cemetery		ity, town, or county) land. Mar	(Stote)				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	7	-	24b. REGISTRAR'S SIG	N				
HOLLOWAY & COMPANY	SALISBURY MA			Cirthug &	1.0				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar othending physician.

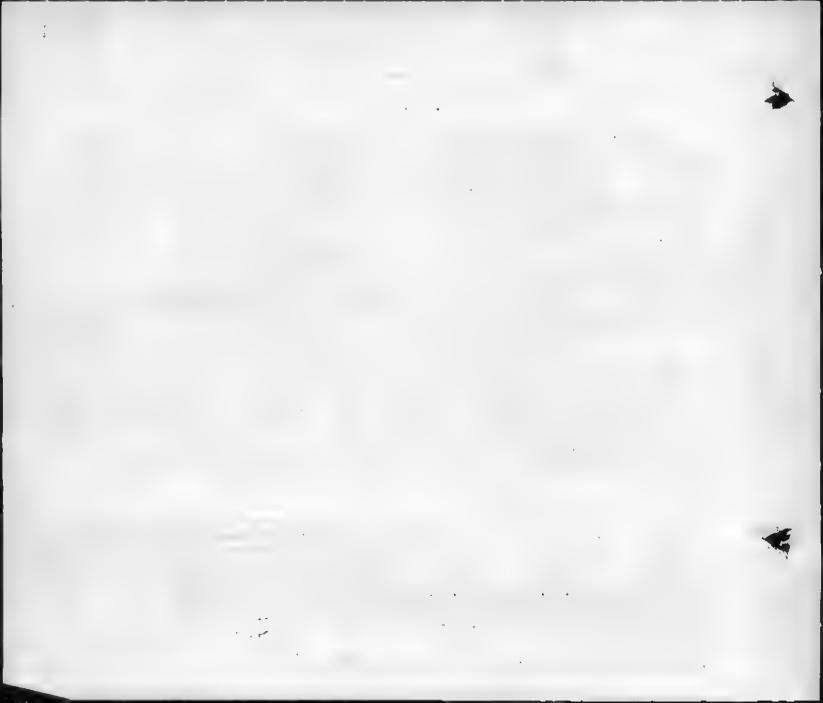
TO FUNERAL DIRECTO:

After this cert ficate has been signed by the attending physician and campletely filled in by the ful page 3 shauld be detached far use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



VS A15 (4) 15M 9/55

	1309	9 CERTII	FIC	ATE OF DEATH		.IIMORE, I		Dist. No	131	97	
PLACE OF DEATH a. COUNTY	Wicomice	MARYL	AND	2 USUAL RESIDENCE (Who o. STATE Mary)		d lived. If institute b. COUNTY		once befo		ion)	
B CITY OR TOWN	c LENGTH OF STAY I		c. CITY OR TOWN (If outside corporate limits, write RURAL and Berlin					give nearest town)			
or institution Deer	TAL (If not in hospital, give sti	d. STREET ADDRESS RFD 3					e. IS RESIDENCE ON A FARM? YES NO				
NAME OF DECEASED (Type or print)	Middle Eller	1	Shockley	4. DATE OF DEATH	/			Year 10 58			
s. sex Female	4.0	ARRIED NEVER MARRIED		May 25, 1896	<u> </u>	9. AGE (In years lost birthday) 62 yrs	Manths		Hours	R 24 HRS. Min	
00 USUAL OCCUPATI during most of wor	ON (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR	RINDU	STRY 11 BIRTHPLACE (Stole of Maryland	or foreign o	country)	1 .	ITIZEN C	OF WHAT	COUNTRY	
3. FATHER'S NAME Handy	Bethard			14 MOTHER'S MAIDEN N	-	man			•		
5. WAS DECEASEDEV (Yes. no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dofes of service)	16 SOCIAL SECURITY NO.		nformant eer's Head Sta	te Ho	spital Re		ls,Sa	lisb	ury,M	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO Conditions, if any, which gave rise to immediate course (a), stating the under-										VIERVAL BETWEEN NSET AND DEATH ITS	
Diab	etes mellitus			T NOT RELATED TO THE TERMII			EN IN PA	ART 1(o)	PERFO	AUTOPSY RMED? NO [2]	
OF CONTRIBUTION OF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m.	RY Manth, Day, Year 20	d. INJURY OCCURRED :	20e. PL fa	ACE OF INJURY (Hame, farm, clary, street, affice bldg., etc.	20f. [Cit	y or lawn)		(County)		(State)	
	DV. 26			28, 1956 to No roccurred of 1:05 MD Salisbury Deer's He	AM, from	m the causes of treet, city or town, yland	and on state)		te state		
PLEIAL CREMATIC PREMOVAL Specify BLICIA 13 FUNERAL DIRECTOR	11-30-58	St. Peters () ADDRESS PALSE ADDRESS	ENY C	DR CREMATORY DEFENO	BY REGIS		N	7d.		h}	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13129 CERTIFICATE OF DEATH

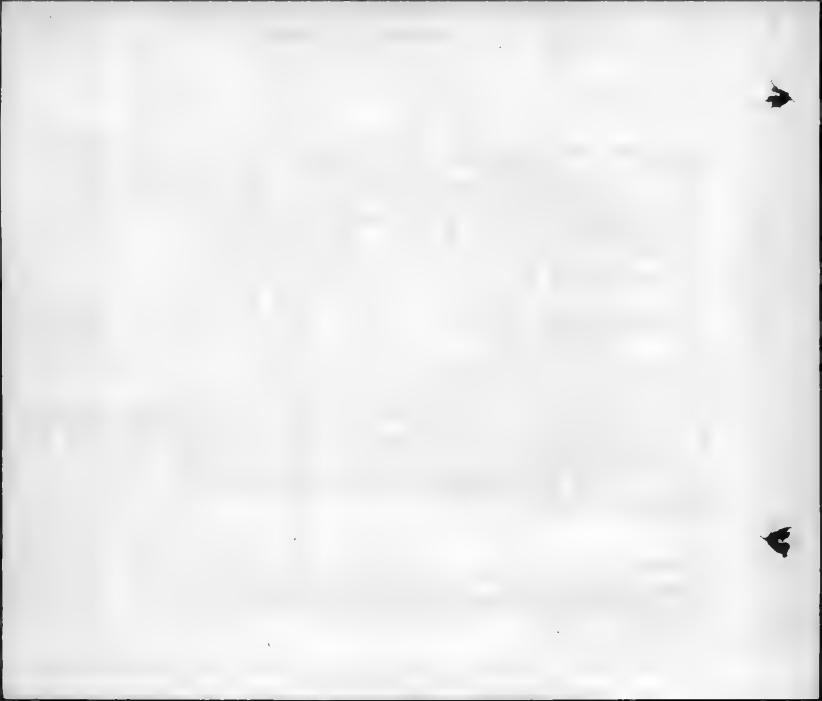
13108

	M. O JE NI U									R	eg. Dist. N	ło.	
1. PLACE OF DEATH COUNTY Wic	omico		м	ARYLAND	2.	p. STATE	ence (whe		d lived If insti b. COUI		Residence be		sion)
6. CITY OR TOWN (III RURAL and give ne Sharpto	20 years			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Sharptown									
d NAME OF HOSPITA OR INSTITUTION	d STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO D												
3 NAME OF DECEASED (Type or print)	th Eleanor			Short 4. DATE OF DEATH		No	November D		20	Yeor 58			
s sex Female	6. COLOR OR RACE White	7 MARRI WIDOWE		RCED		enuary	22,	1892	9. AGE (In yellost birthdo		UNDER 1 YE.		ER 24 HRS. Min
during most of work Housework	STRY	Near Freston, Paryland						U.S.A.					
13 FATHER'S NAME			Home		14 MOTHER'S MAIDEN NAME								
George E	skridge					Jose	phine	Carr	ine				
15 WAS DECEASED EVER			SOCIAL SECURITY			MANT	hort	Shar	ptown,	Mar	vland		
Conditions, if or gave rise to in couse (o), storing I lying couse lost.	mediate (ontributing to	Leur DEATH BUT	L NOT	RELATED TO	THE TERMIN	VAL DISEAS	E CONDITION	GIVEN	IN PART I/o	ty.	AUTOPSY
200. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		RIBE HOW INJUR									PERFC	NO [
20c TIME OF INJURY Hour o. m.		or 20d IN While of work	UURY OCCURRED Not white			OF INJURY (Hi street, office			y or town)		(Count)y)	(Stote)
21. I certify that I attended the deceased from 1934 1956, to 1958, that I last saw the deceased alive on 1956. The same the deceased alive on 1958, and that death occurred at 9:55 P.M. from the causes and an the date stated above ADDRESS (Siject, city or lown, stote) 1941 SIGNATURE: 1550 ALL SAME SIGNATURE: 1958 ALL SA													
PHYSICIAN'S NAME (Type)													
220 BURIAL, CREMATION REMOVAL (Specify) Burial		, 1 958	Calesto						TION (City, 10M Alestow			nd (Sto	te)
23. FUNERAL DIRECTOR'S		- Emily	ADDRESS			_		BY REGIS			AR'S SIGNAT		
T T Empror	atom and So	n. Pe	geralshu	re . Pu	VILE	IANG .		9 158	(L	Will !	dis.		

M Se filed partition TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the dospital or attending physician.

2 FUNERAL DIREC.

After this certificate has been signed by the attending physician and completely filled in by the fungage 3 should be delathed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR PAGE 3 should be delay. VS A15 (4) 15M 9/55



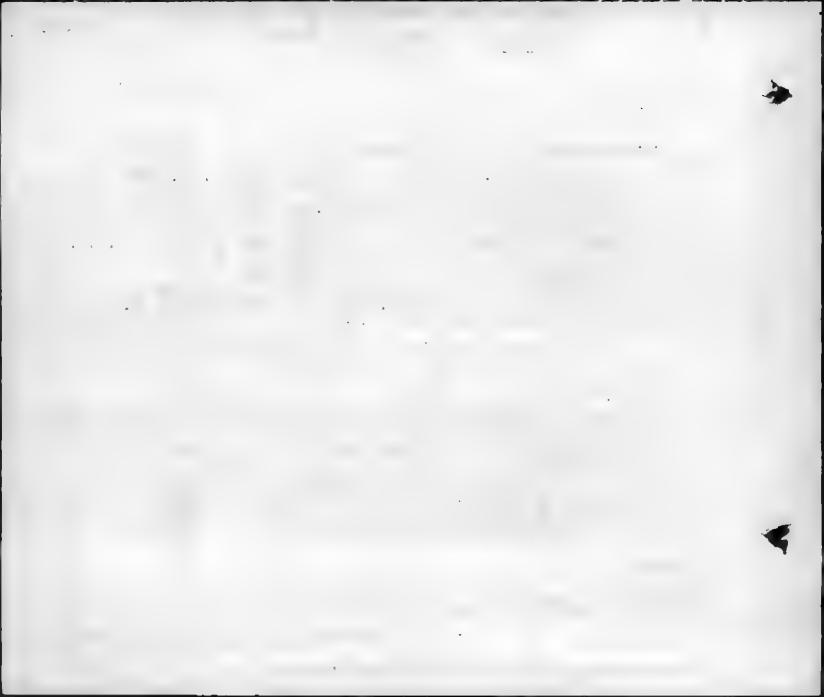
	13100 CERTIFICA	ALE OF DEATH	Reg. Dist. No.				
	PLACE OF DEATH O, COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. CONN					
ſ	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN [If outside carporate limits, write	RURAL and give nearest town)				
L	Salisbury 3 days	Princess Anne					
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION P.G. Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)				
1	NAME OF First Middle DECEASED	OF.	lanth Day Year				
L	(Type or print) Helen E. Smith	DEATH NOV. 20					
ŀ	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in year lost birthdo)					
	female white widowed DIVORCED .	July 22, 1001 77 y	7 Months Days Hours Min				
ď	0g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTI				
	none none	New York City	U.S.A.				
D	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME					
1	William DelaRue	Harriett Ripley					
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	ddress				
L		. Philip Smith Princess An	ne, Md.				
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	7-1	INTERVAL BETWEEN				
H	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	/ Wern bons	ONSET AND DEATH				
442X DUE TO 1							
	Conditions, if any, which)	name levelo basculo	4 44 3 4ms				
ı	gave rise to immediate DUETO) . 6 +					
ı	lying cause-lost.	Mythicks	142.				
		NOT REPATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19 WAS AUTOPSY				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Athelis	PERFORMED? YES NO 7				
	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I ar Part II of item 18.)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Haur e. st. p. m. 19 of work at work	ctory, street, office bldg., etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		1055 NOV 10 205	X				
	21. I certify that I attended the deceased from		1. that I last saw the deceas				
	alive oil and that death	occurred at 2 1 30 A M, from the causes ADDRESS (Streets city or tou	and an the date stated above, stated				
	ACTUAL B' TOOL & Jiganh	20 Paint	LATE SIGN				
	SIGNATURE	M.D.					
	PHYSICIAN'S KITCH NKGICANT	1 Princeso H	rune thet.				
1	20. NAME OF CEMETERY O PREMOVAL (Specify) 11-21-58 St. Andrew						
-		Cumtery rincess A	nne, maryland				
1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. RE	GISTRAR'S SIGNATURE				
	Leen J. Milain Princess Anne	e. Md. DATEAU 7 4 158					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death in by the fun and 2 should hospitol or otherding physicion.
Iter this certificate has been signed by the ottending physicion and completely filled it at the burial-transit permit. Then please remove carbon papers. Pages I can cremotion, or removal, and in any event within 72 hours ofter death. TO FUNERAL DIRECT
page 3 should be dei

VS A15 (4) 15M 9/55

Poge 4

V



13110

13101 **CERTIFICATE OF DEATH**

	XOTOT	Reg, Dist. Ne.
	1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss an) b. COUNTY
	b. CITY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 1b	Virginia allemac
4	RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	S_NAME OF HOSPITAL (If hot in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	Jeninsula Genera Hospital	ON A FARM? YES NO N
	3 NAME OF DECEASED (Type ar print) Henrietta Middle	5mith 4. DATE Month Day Year OF DEATH November 19 1958
1	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Map by Map by Map Map
	PEMALE WILLE WIDOWED DIVORCED	JULY 17 1886 72 m
	30a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 1V BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
	HOUSE WIFE -	MARYLAND USA
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	GEORGE WILLIAMS	MARTHA ANNIE MCCREADY
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes, give war or dotes of tervice)	NFORMANT Address
	10 - TIR	S ARNOLD SPARROW NEW CHURCH, A.
	1B. CAUSE OF DEATH [Enter anly and cause per line far (a), (b), and (c).] PART I, DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSETTAND DEATH
	IMMEDIATE CAUSE (a) COCOCCOCC	Occilision 4 das
	Canditions, if any, which gave rise to immediate (b)	
	couse (a), stating the under DUE TO CHORE ASE OF	rater of words across land New Yers
1	(i) COOKE SO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 AS AUTOPSY
	Part II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT	YES NO NO
	UR CONTRIBUTING LI CAUSE OF DEATH	(Enter nature of injury in Part I ar Part II of item 18)
		ACE OF INJURY (Hame, form, 20f (City or Iown) (Caunly) (State) lary, street, office bldg., etc.)
	Hour a.m. p. m 19 While Nal while of wark all work	
1	21. I certify that I attended the deceased from. 11/15	
1	alive on 11/19, 1958, and that death	1 Auf
1		- ADDRESS (Street, city or town stafe) DATE STONED
	SIGNATURE LESSES STANDLE	NEDAUTT Kd. 1/1/9/58
4	PHYSICIAN'S ROFUS S, GARANER,	JR. SALISBURY, Md.
	220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY	27d. LOCATION (City fown, of county) (State)
	BURIAL 11-23-58 SALEM ME	THODIST POCOMOKE CITY MARYLANI
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
1	Henry HAL Calson FOCOMOKE CIT	Y. MU. DATERON & 4 58 CITY & Krous

Ciril my S. Kings

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRECT
page 3 shauld be deface VS A15 (4) 15M 10/57

may be retained by "It has pital ar attending physician of FUNERAL DIRECT."

The this certificate has been signed by the attending physician and campletely filled in by the fund, director, page 3 shauld be deficed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 faurs after death.

I



M

I

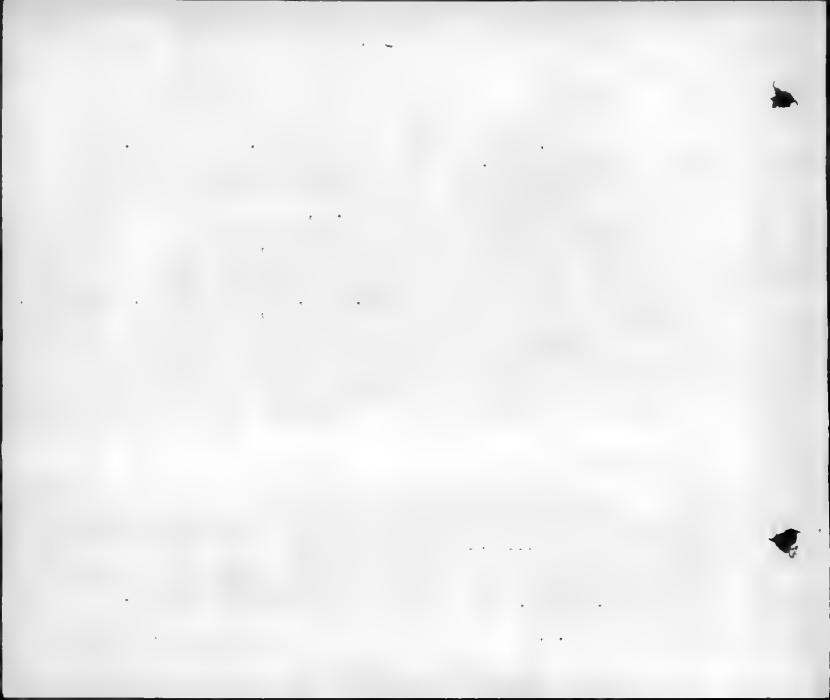
0

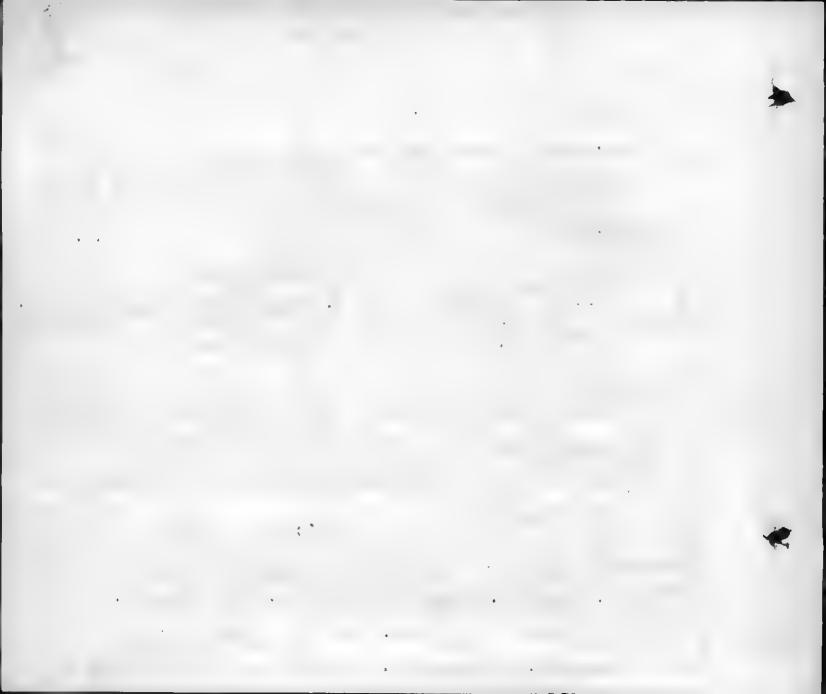
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10100 MEDICAL EVAMINEDIS CEDTICICATE OF DEATH

13111

	, ž.	STAN WED	ICAL EX	Amiliack 2	CERTIFIC	AILO	PUCATH	Reg. Dist. N	o
1,	PLACE OF DEATH	Wicomico		MARYLAND		arylan		thatian Residence be	
1	o. CITY OR TOWN (II	Salisbury		TH OF STAY IN 16		alisbu	*	te RURAL and give	nearest town)
-	B. NAME OF HOSPITA	411 E.KK	Lincol:	n Ave	d STREET ADD		Lincoln	Ave.	N. IS RESIDENCE
	NAME OF DECEASED (Type or print)	JOHNNIE	HENRY	Middle THOMA	S SMITH	4 DATE OF DEAT		vember	4th9 58
5. 5	Male	6. COLOR OR RACE 7. White w	MARRIED X NE	_	ept.24,1	913	9 AGE (In years fost birthday) 45 yr	Months Days	Hours Min.
10c	usual occupation working most of working Mechani		n-Vall				ryland	12. CITIZEN C	U S A
13.	FATHER'S NAME				14 MOTHER'S MAI				
		on Smith					Niblett		
	WAS DECEASED EVE	R (N.U. S. ARMED FORCE: (If yes, give wat at detail of servi		ECURITY NO Mr	Salisb	Smith(Wife)#1	1 E.Lino	coln Ave
_		H [Enter only one couse p	er line far (o), (b), and (c)]				TINIT	RVAL BETWIEN
	PART I DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)	Coron	ary occli	sion				Sudden
	4.20.	DUE TO							
	Conditions, if as								_
	(o), stating the scoure lost.								
CATION	PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED TO THE	TERM NALDISE	ASE CONDITION G	SIVEN IN PART I(0)	PERFORMED?
CERTIF	200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []	DESCRIBE HOW IN	JURY OCCURRED (E	nter nature of injury	in Part I ar Part	II of item 18 }		
MEDICAL	20c. TIME OF INJUS Hour a. m. p. m.	Y Month, Day, Year			CE OF INJURY (Homiry, street, office bld	e, form, 20f, (C g., efc.)	ity or town)	(County)	(State
		at I took charge of resulted from: Nat	_		_	The State of	Inspection D	Inquiry X	,
	ACTUAL	/E (i.)			-		raining main	DATE SIGNED
	SIGNATURE	Can 1'	x 72 "		_ M.IJ	CAL EXAMINER		,	
	EXAMINER'S DE NAME (Type)	r. Earl L.	Royer			NEDICAL EXAMINE		Nov.	/195
720	BURIAL CREMATIO REMOVAL (Specify) BURIAL	Nov. 7.19		rsons Ce			cation (City, lower alisbur		(Stote)
23.	FUNERAL DIRECTOR			RESS OC		REC'D BY REG	ISTRAR 246 REG	SISTRAR'S SIGNATU	The state of the s
i		& COMPANY	SALIS	BURY MAR	YLAND DA	NOV 1 C	1 '58 C	inima L. The	

TO DEPUTY MEDICAL, "AMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certification in the funeral in pencil in them. It is not should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far you. It is found to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far you. It is full EKCTOK: Page 3 should be used as burial-transit permit. File pages 1 and 2 with the State Board-of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death. VS ATSME 5M 2 57





director,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13113

3130	CERTIFICATE	OF	DEATH
------	-------------	----	--------------

(0) (0) (1)				Reg	. Dist. No.	
1. PLACE OF DEATH 0. COUNTY WICOMICO	MARYLAND	2 USUAL RESIDENCE (WHO STATE Mary)		. If institution: Re b. COUNTY	Wicomic	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give appress tawa) FRUITLAND	STAY IN 16	c. CITY OR TOWN (IF o		mits, write RURAL		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Main St		d STREET ADDRESS Main	St		ON	ESIDENCE A FARM?
DECEASED	Middle PTIST	STEPHENS	4. DATE OF DEATH	NOV.	6th	Year 19 58
	ORCED .	B. DATE OF BIRTH Apr. 30, 1880) las	Byrthday) Man	IDER I YEAR IF UN	
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSIN during most of working life, even if ratired) Retired Shipping Clerk(Shirt		TRY 11. BIRTHPLACE (Stole :			US A	AT COUNTRY?
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME			
Albert Stephens		Liza Dol	and:			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURIT	Mr ON W	s.Elizabeth Fruitland	M.Ster	hens(W)	lfe) Mai	in St
18. CAUSE OF DEATH [Enter only one couse per line for (d), (b), or PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1	tras		NAL DISEASE CON		ONSET AN	S AUTOPSY
ICATI		. (Enter nature of injury in P			PERI	NO X
20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRE Hour a m. White Not white of wark at a wark	TOCT	CE OF INJURY (Hame, form, lary, street, office bldg, étc.)	201. (City or lav	vn)	(County)	(State)
SIGNATURE HELD ZA SEISH	7	1.0	DDRESS (Street,	causes and a		e deceased ited above. DATE SIGNED /1958
NAME (Type) Dr. Phillip A. Insley			Salisbu	ry, Mar	yland	
REMOVAL (Specify)	CEMETERY OR	crematory emorial Par	22d LOCATION (Maryla	ole) ind
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			BY REGISTRAR	24b REGISTRAR		
HOLLOWAY & COMPANY SALISBU	JRY MAI	RYLAND PATE	0.158	6-11-2	<i>b</i> (

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 To most be relained by the spital ar attending physician.

TO Further and the spital are attending physician.

TO Further Edined by the filled in by the further are as the burial-transil permit. Then please remove-carbon popers. Pages 1 and 2 shauld the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours ofter death. VS A15 [4] 15M 9/55



HOLLOWAY & COMPANY

CERTIFICATE OF DEATH

Reg. Dist. No

	L			CERTITIO	AIE OI DEAIII	Reg. C	Dist. No.
	1.	PLACE OF DEATH OF COUNTY	icomico	MARYLAND	2. USUAL RESIDENCE (Where STATE Maryla	e deceased lived. If institution: Reside	ence before admission) ICOMICO
		b. CITY OR TOWN (If RURAL and give na	outside corporate limits, wri prest town) PALISBURY	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RURAL and	d give nearest town)
		or institution	Al (If not in hospitol, give str Leasant Car	reen oddress) re Home	d STREET ADDRESS		o. 15 RESIDENCE ON A FARM? YES NO
	3.	NAME OF DECEASED (Type or print)	SARAH	A. (Lina)	SULLIVAN 4	OF DEATH NOV.	27th 19 58
		Female	White wo	MARRIED NEVER MARRIED NOWED DIVORCED	Feb. 1,1868	last birthdoy) Months 890 yrs. 9	ER I YEAR IF UNDER 24 HRS Days Hours Min
-1	L	House	N (Give kind of work done) ing life, even if retired) Nork-Retire	106 KIND OF BUSINESS OR INDI	Snow Hill	l, Maryland	USA
			Livingston		Louiseia		
	15		IN U. S. ARMED FORCES? If yes, gave wor or dates of service]	16. SOCIAL SECURITY NO.	r'Charles V.I	imingston Brot	ther)210 Wa Land
		33/X Conditions, if on gove rise to in couse (o), stoling thing cause lost.	nmediate (Dus 10	Smility	ascular a	remy	
0	[5			NS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
	1 CERTIFI		UNDERLYING [] 205. I CAUSE OF DEATH WEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURR	IED (Enter nature of injury in Por	t t or Part It af ilem 18)	
-	MEDICAL	20c TIME OF INJURY Hour e. m. p. m.	wi	od INJURY OCCURRED 20e P hile Not while work of work	PLACE OF INJURY (Home, form, octory, street, affice bldg., etc.)	20f. (City or town)	(County) (State
1		actual signature Dr	P. Mr.	2 Sy, and that deat help on	_M.D	M, from the causes and an incress (street, city or town, stole) Nov. Salisbury, N	DATE SIGN 195
	22		NOV 29 194	22c. NAME OF CEMETERY	OR CREMATORY 2	2d LOCATION (C. ty, lown, or county) Salisbury, Mar	(State)
	23	. FUNERAL DIRECTOR'S		ADDRESS	24a REC'D I	BY REGISTRAR 246. REGISTRAR'S S	

SALISBURY MARYLAND

TO HOSPITAL OR ATTER may be retained by TO TO FUNERAL DIRECTO VS A1S (4) 1SM 9/SS

ATTENDING PHYSICIAN: The law requires that the death certificate be



- 1	9	1	-1	-
_ ±	3	T	Æ	O

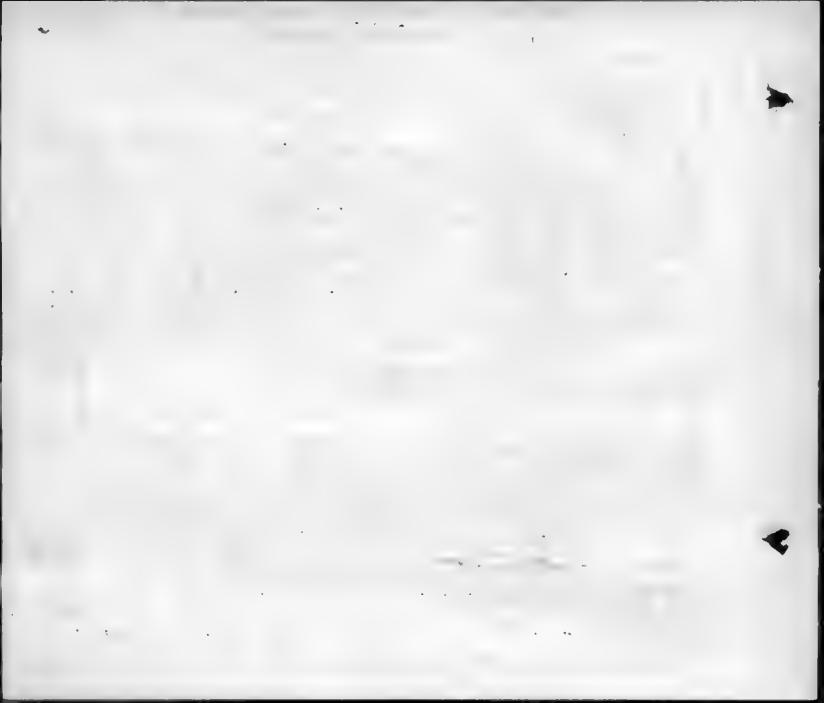
1		1
1	25%	
l	111	
1		4
1		-

91

	TO FUNERAL DIREC.	page 3 should be delatated for use as the burial-transit permit. Then please remove corban paper	the registror prior to burial, cremotion, or removal, and in any event within 72 hours after death.
	on and	orbon	ofter d
	hysicio	move c	hours 'e
	ding p	ise red	n 72 1
	aften	n plec	with
	y the	The	even
	ned b	ermit.	n ony
lon.	en sig	insit p	and i
23,25	os pe	ial-tro	ovol,
Saing	cote h	e bur	or rem
r affe	certifi	÷ 00 ÷	fion, c
101	r this	or use	Cremo
SDA	Afte	Shed	uriol
, A		deta	٩ <u>0</u>
Dauc	DIRE	od be	prior
may be retained by the saspitol or differding physicion.	ERAL	3 shot	gistro
20X	S FUN	pode	he re
	2		_

	CE OF DEATH OUNTY	Wicemice		MARYL	AND	2. USUAL RESIDENCE (g. STATE Mai	Where decease	d lived. If instituti b. COUNTY		
Ь. C	TITY OR TOWN (IF URAL and give neo Salisl	· ·	ls, write	LENGTH OF STAY I	il.	c. CITY OR TOWN	If outside corpo	orate limits, write A		
d. 1	NAME OF HOSPITA	Head State	Hos	oddress)	3	STREET ADDRESS		ringhill	Road	IS RESIDENCE ON A FARM? YES NO
DEC	ME OF EASED be or print)	Fir Jos	eph	Middle H arri so	n	Tarkenton	4. DATE OF DEATH	Mor	nth	28th, 19 58
5. SEX	Male	6. COLOR OR RACE White	7. MARR	RIED MEVER MARRIEI ED DIVORCED		Nov. 2, 188	37	9. AGE (In years last birthday) 71 yrs.	Months (YEAR IF UNDER 24 HRS. Days Hours Min
du	Carpent	ng lite, even it retired	ione 10b	KIND OF BUSINESS OF	INDUST	Nort	n Carol		US.	EN OF WHAT COUNTR
		ias M. Tarl					es Eliz	abeth Br		
TS. WA	Unk.	IN U. S. ARMED FOR f yes, gave war or dates of s	CES? 16.	SOCIAL SECURITY NO.		's Head Hos			,	fe)R.D.# oury, Md.
18	PART I. DEAT	TH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		ne for (a), (b), and (c).) Cor pulmona	le					INTERVAL BETWEEN ONSET AND DEATH
9 (1	Conditions, if an lave rise to im lause (a), stoting II	y, which (b		Pulmonary e Congestive	_					Years
CERTIFICATION 1900	PART R. OTH) (c ER SIGNIFICANT CON		CONTRIBUTING TO DEA			RMINAL DISEAS	SE CONDITION GIV	VEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO F
CERTIFI SO SO SO SO SO SO SO SO SO SO SO SO SO	CONTRIBUTING EITHER, NOTIFY	UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury	in Part I or Pa	rt II of item 18.)		
WEDICA 20x	TIME OF INJURY Hour a.m. p.m.	Month, Day, Yea	While	NJURY OCCURRED Not while at work	20e. PLAC facto	E OF INJURY (Home, fi try, street, office bldg.,	orm. 20f. (Cit	y or town)	(Co	ounly) (State)
al						accurred of 2:20	DA M, from		and on the	ast saw the decease e date stated abov DATE SIGNI 11/28/58
N/	YSICIAN'S AME (Type)			dy, M. D.	<u> </u>		ury, Ma	ryland		
RE	Burial	Dec .1st		Spring B		Memory G	arden		or county) isbur:	y, Md.
	LOWAY 8	SIGNATURE COMPANY		ADDRESS SALISBURY	MAR	YLAND DATE	DEC 2	TRAR 246, REGI	STRAR'S SIGI	NATURE 1. Thana

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/85



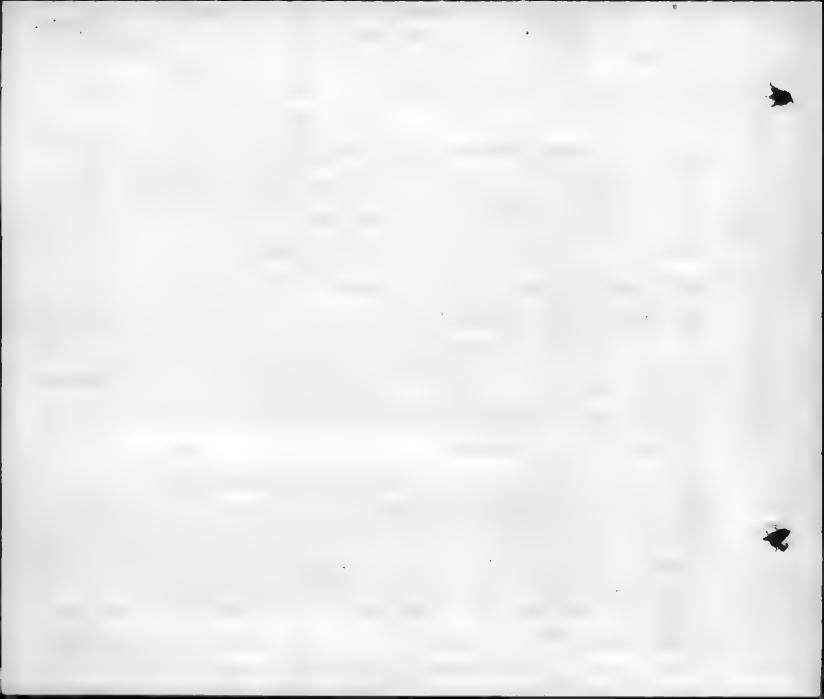
1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND Wicolico b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 deat RURAL and give nearest town) should Salisbury Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Penisula General Hospital Laguet Ctrop NAME OF Middle 4. DATE last DECEASED (Type or print) DEATH Frank S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) DIVORCED [WIDOWED A popers. Male YES Colored 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) death. carban Lahorer Mary and ofter 13. FATHER'S NAME move hours George Teagle 15. WAS DECEASED EVER IN U'S, ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), andf(c). ቬ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) 0 DUE TO Conditions, if any, which gove rise to immediate **DUE TO** casse (a), stating the undertransit lying cause lost. 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.) Haur o. m. While Nat while 19 at work at work 21. I certify that I attended the deceased from alive an and that death accurred DDRESS (Street, ciff or town, state) ACTUAL prior SIGNATURE D PHYSICIAN'S NAME (Type) FUNER, 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) REMOVAL (Specify) Rurial O 240. REC'D BY REGISTRAR ZIN PROISTRATE SONATURE 23. FUNERAL DIRECTOR'S SIGNATURE VS A1S (4) VOMAD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13106 **CERTIFICATE OF DEATH** Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) Wicowico c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e IS RESIDENCE ON A FARM? YES NO TY Month Day Year 19 52 November IF UNDER I YEAR IPUNDER 24 HRS Manths Days Haurs Min. 12 CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED? YES 🗂 NO 🗍 [County] (State) Athat I last saw the deceased E.M., from the causes and on the date stated above.

(State)

arthur S. Krous

15M 9/SS





			131	18 CERTIF	ICA	IE OF D	EAII	1		Reg. D	ist, No.		
	1 P	LACE OF DEATH	Vicomico	MARYL	AND	2 USUAL RESID	ence (wi	oere deceose	d lived If institution b COUNTY	Balt	nce befo	re odmiss	ounty
	Ь	RURAL and give n	ff gutside corporate limits, earest town) y, Maryland	erite c LENGTH OF STAY IN 2yrs 8mo 18				Mary]	orate limits, write RI and	URAL ond	give nec	rest fow	1)
	d	OR INSTITUTION	AL (If not in hospitol, give 's Head State			d STREET A	DDRESS						IDENCE FARM?
	D	IAME OF PECEASED Type or print)	Virginia Fint	Belle Belle		Tingle		4. DATE OF DEATH		th	2°	ž	^{Yeor} 58
1		Female	White w	MARRIED NEVER MARRIED		Sept. 6	187		88 yrs.	Months .	Doys	Hours	R 24 HRS Min
j		during most of wor	ON (Give kind of work don king life, even if retired) UNK	106. KIND OF BUSINESS OR	INDUST	De	elawa	re	ountry)	12 CI	US/		COUNTRY
		ATHER'S NAME	John Tingl			14. MOTHER'S	MAIDEN N		ry Clogg				
	15 V (Yes		R IN U. S. ARMED FORCES (If yes, give war or dates of service			spital B	lecor	ds	Salisb		Mary	land	i
		PART I. DEA	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c) } Arteriosclere	otic	cardio	7ascu	lar di	isease			Yea:	DEATH
		422.1 Conditions, if o		Arteriosclere	osis	genera	Lized					yea	rs
	-	gove rise to i couse (o), stating lying cause lost.	the under- DUE TO										
ð	CERTIFICATION			Old cerebral	thr	ombosis				EN IN PA	RT 1(a) 1	PERFC	NO T
			MEDICAL EXAMINER	b. DESCRIBE HOW INJURY OCC									
	MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.		20d. INJURY OCCURRED While Not while at work of work	Oe. PLAC	CE OF INJURY (I ory, street, office	lome, farm bldg., etc	20f (Cit)			(County)		(State)
		21. I certify thalive on 11	of Lattended the di	eceosed from $\frac{3/8/50}{19.58}$, and that a		occurred of	:10	11/27 A _{.M.} from	n the causes a	"that I	lost so	iw the	deceose ed above
s		ACTUAL SIGNATURE	N. Mild	щ	M			ADDRESS (S	treet, city or town.		11,		ATE SIGNE
/		PHYSICIAN'S NAME (Type)		м. D.		*******		April when spiles again Afrik Went soon soon		****			
	_6	BURIAL, CREMATIO REMOVAL (Specify)	12/2/5-8	WEST LA		. , , ,	14	BAL	TION (City, town, o	wy	0	P _q	•)
	23. \$	Jalso-u	s signature,	Milleliar	0	DE/.	240 REC	9 BY REGIST		TRAR'S S	4.4		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the chospital or aftending physician.

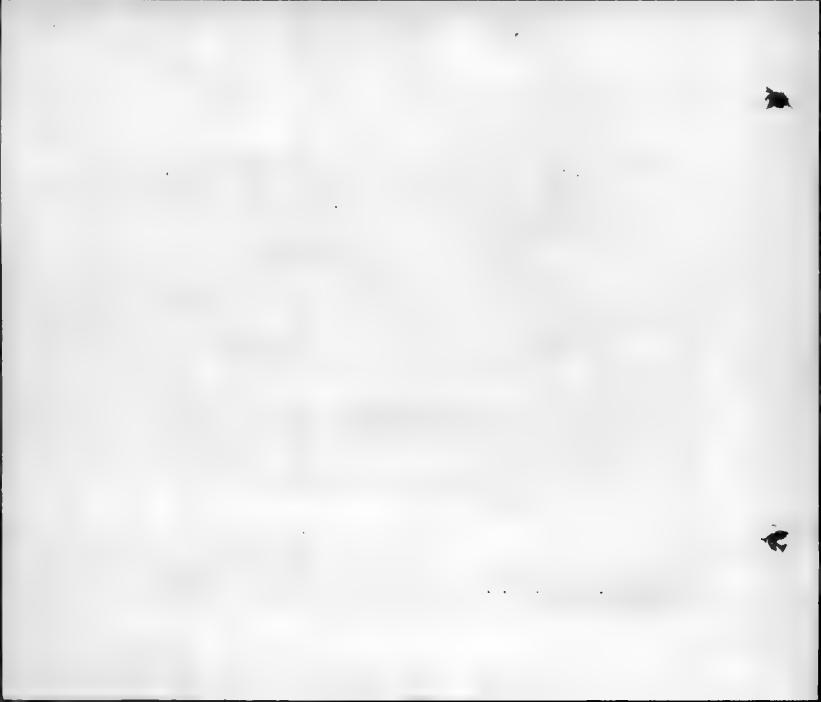
TO FUNERAL DIRECTA

After this certificate has been signed by the attending physician and completely filled in by the fundative page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

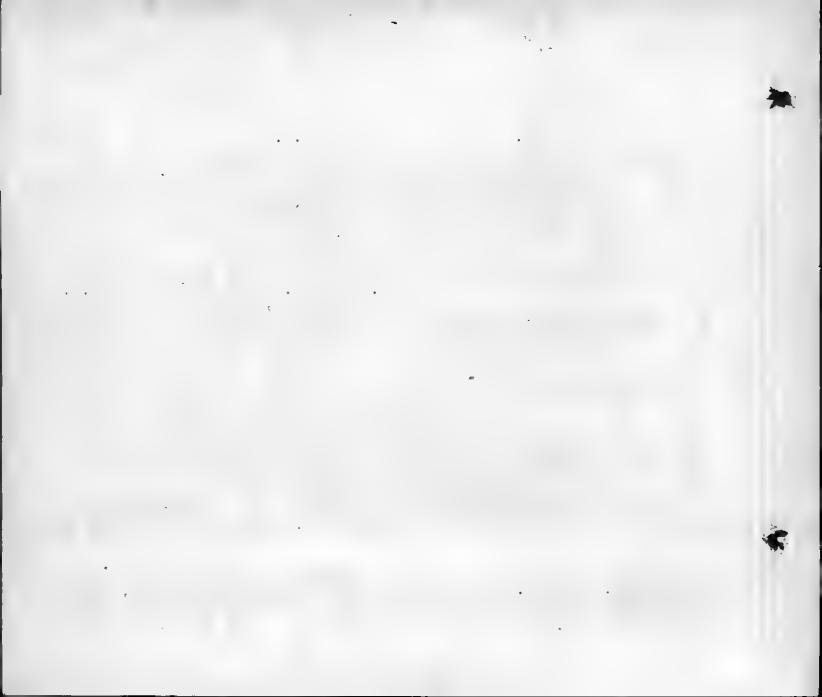
191

7

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 10/57

EN.	-
1	Ar
1	A)
1	

Item 18&Film

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13120

20220	Reg. Dist. No.
1. PLACE OF DEATH . o. COUNTY 1/1/2/10/10/10/10/10/10/10/10/10/10/10/10/10/	2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) o STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest fown)	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)
SALSOUR!	SAL-15 EURY 12.
d. NAME OF HOSPITAL (If not of hospitat, give street address) OR INSTITUTION HENDING SULA CENERAL HOSPITAL	d. STREET ADDRESS 119 S. DILISIC & STRECT YES NO
3. NAME OF DECEASED (Type or print) HOWARD W	1. ARD 1. DATE Month Day Yeor OF DEATH NOTE: 35 1958
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH P AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS
MALE WHITE WIDOWED DIVORCED	OCT 16 1890 68 vo.
100 USUAL OCCUPATION (Give kind of work done during 100. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
ARMER OUN FARM	YELDWARE USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
JAMES + howas WARD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	TDA WILKING NEORMANT Address
(fee, no, or online) (if yes, give wor or dates of service)	ETHUR WARD, LAUREL Del
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSEE AND DEATH
PART 1. DEATH WAS CAUSED BY Cerebral th:	combosis Zy "days"
DUE TO	
Canditions, if any, which (b) (b)	
couse (a), stating the under-	
lying couse lost. (c) Page II. OTHER SIGNIFICANT COMPITIONS CONTRIBUTION TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
Fortal cirrhosis	PERFORMED? YES □ NO □
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED to Mile Not while for work p. m. 19 of work of work	ACE OF INJURY (Home, form, 20f (City or town) (County) (Stote)
21. I certify that I ottended the deceased from	5819, to $1/128$, 1923 , that I last sow the decease
olive on 11/27, 19 58, and that death	occurred at A. M., from the causes and on the date stated above
DOI A PROTITION	ADDRESS (Street, city or town, slote) DATE SIGNE
SIGNATURE ! IN JUNEAR !! MENT	M.D. 711 Camber and 11/28/38
PHYSICIAN'S NAME (Type)	,
220. BURIAL, CREMATION, 22b. DATE THEREOF 22E NAME OF GEMETERY O BENDELLA DATE THEREOF B	R CREMATORY 22d. LOCATION (City lown, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE DEC 2'58 C. Jan, S. Kroud
- Comment of the contract of t	MILES ELS DE COUNTY 2, MOUNT



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1. 3	13131 CERTIFICATE OF DEATH Reg. Dist. No. 13121
1.	o. COUNTY WIC CMICO MARYLAND 2. USUAL RESIDENCE (Where deceased fived. If institution, Residence before admission) a STATE Many and b. COUNTY Many and b. COUNTY
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C TAD. C CITY OR TOWN III outside corporate limits, write RURAL and give nearest town)
71	d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FAMM YES NO
3.	(Type or print) / ANIE E. WEBB DEATH NOV. 20 195
2	Fernale Widowed Divorced B. Date of Birth P. AGE (n. years low block) Divorced Divorced Scele September 1868 P. AGE (n. years low block) Months Days Hours Min.
	OF USLAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Agriculture Chirphone Manufacture 12 CITIZEN OF WHAT COUNTRY 12 CITIZEN OF WHAT COUNTRY 13 Propulation
17	Mussellus deserves Lucra Paucifi
15	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. YOU NO OF UNFORMANT. Address Address Address Address Address Address Address
	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH
	Conditions, if ony, which) (b) Consections Heart Failure / wh
	gove rise to immediate couse (o), stoling the under. Iying couse lost. DUE TO (c) Christian levitic Cardionacular Disease , year
Z C	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO.
a di la di	200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Effer noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING C
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a m. While Not while of work of
	21. I certify that it attended the deceased from Nov. 15, 1958, to Nov. 20, 1958, that I last saw the deceased live on Nov. 19, 1858, and that death accurred at 9:15PM, from the causes and an the date stated about
	ACTUAL SIGNATURE Orbin M. Bender M.D. (04 Bay St. Snow Hill M.d.
8	PHYSICIAN'S NAME (Type) John M. Bender, M.D. 104 Bay St., Snow Hill, Md.
2	20 BBRIAL CREMATION, 226 DATE THEREOF / 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county), 7 (Stole)
23	3 FUNIERAL DIRECTOR'S MONATURE ADDRESS ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	Telir Maly Selfiquelle del. DATE NOV 2 5 '58 VILLE 8. Kind



Thems 4 18820 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

40400

C. Ilar S. " Craus

4	3111 MI	DICAL	EXAMINE	R'S	CERTIFICA	ATE OF I	DEATH	No. Mis Ma	13122
I. PLACE OF DEATH	icomico		MARYL	- 11	2 USUAL RESIDENCE	(Where deceased ryland	I lived. If institution b COUNTY		
and a ve rearest lown	alisbury	e PUPAL	CLENGTH OF STAY IN	N Ib	c. CITY OR TOWN	lisbur		URAL and give n	eorest town)
d. NAME OF HOSPITA			ol give street oddress))	d STREET ADDRESS		Hill Av	e.	ON A FARMS.
3. NAME OF DECEASED (Type or print)	HELE	AV			TSCHKO	DATE OF DEATH	NOVEM	BER 🕰	28 Year 58 58
Female	White	WIDOWED [] Ma	y 30,190	8	50 yrs	Months D27	Hours Min
100. USUAL OCCUPATION during most of working House Wo		done 10b, KIN	None None		Tonowka, Mother's Maiden	Ukrain	ntry)		of Ukrain
Timofej	Belimka ER IN U. S. ARMED FO	RCES? 16 SC	OCIAL SECURITY NO.	17 INEC	Natalia		nk)		- *- \
NO NO	(1 yes, give war or dates of	\$64.C0}		Mr. F	ifekolaj 1.D.# 2	Berlin	chkó Ta Mary L	and	
	H WAS CAUSED BY:	n.	eriferal c	ircu	latory fa	ilure			budden
Conditions, if as gove rise to immed (a), stating the cause last,	ny, which (blioto couse) DUE TO		ltiple fra						l½ hrs.
3			TRIBUTING TO DEATH						PERFORMED?
200 EXTERNAL CAL PRIMARY [] or COL CAUSE OF DEATH.	AIKIEUTING E	Passe T20d, IN:	enger in courred Tool	ar t	hat ran c	off road	and over	erturne (County)	(Stote)
			mains described uses [], Accide	above	, held an Autop		pectian 🔼,	Inquiry X	, and in my
ACTUAL SIGNATURE EXAMINER'S DE	Eur L	Roya		A	ASSISTANT MEDICAL	ICAL EXAMINER	0	Nov.3	DATE SIGNED
NAME (Type) UT 220. BURIAL CREMATIO REMOVAL (Specify) BUT181 23. FUNERAL DIRECTOR:	Nov. 30	OF 22	Evergree		emetery	22d LOCATION Berl	on (City, town, or	yland	(Stote)

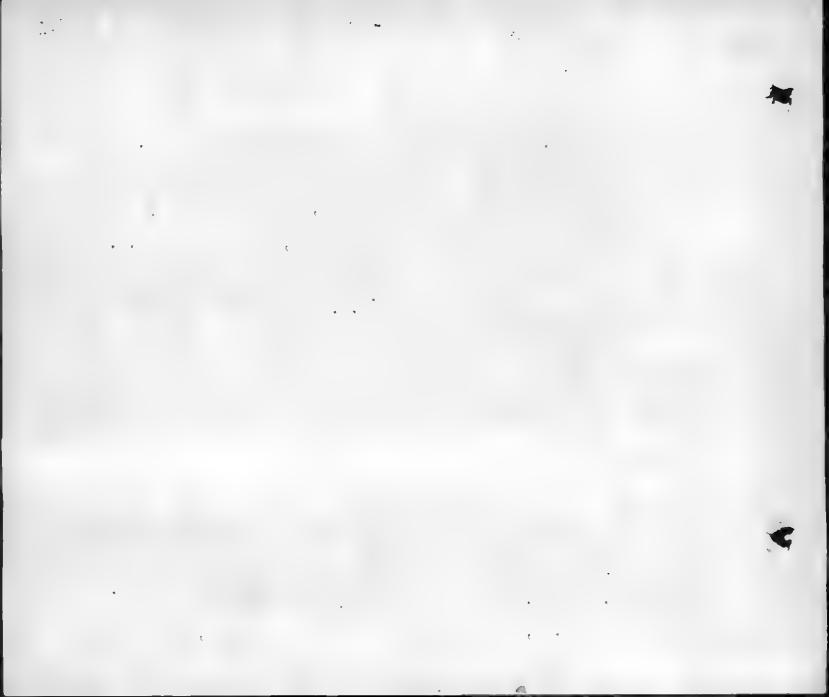
SALISBURY MARYLAND DAREC'

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary as execute the certificate for thing the word "pending" in pencil in 18 Give Pages 1, 2, and 3 to the funeral director 4 should be farword. In the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of 19, or its designated agent, prior to burial, cremotion, or removal, and in property within 72 hours after death. VS A15ME 5M 2 57

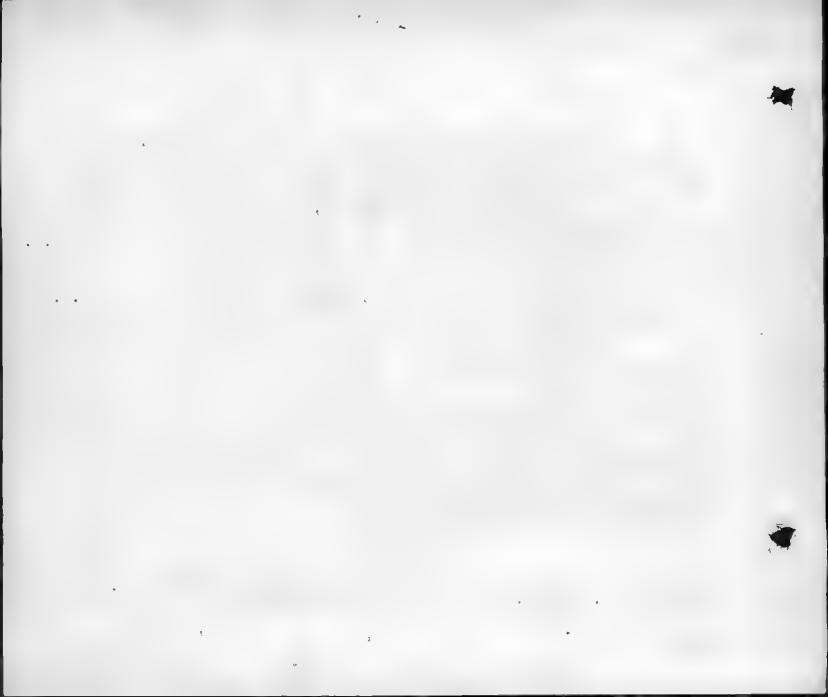
d

* YAWOLLOH

COMPANY



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 18820 Film 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived It institutions Residence before admission) e. COUNTY **b** COUNTY a. STATE Marvland Wicomico Wicomico MARYLAND b. CITY OR TOWN (I autside corporate l'mits, write RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Salisbury Selisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, 15 RE +DEN / E ON A FARME Oak Hill Ave. retained for State Board. Mt Hermon Rd YES NO P 3. NAME OF 4. DATE First Middle lost DECEASED MYCHAJLO WELITSCHKO NOVEMBER 27th 19 58 DEATH (Type or print) may be with it 9. AGE In years 5. SEX 6 COLOR OR RACE 7. MARRIED [7] NEVER MARRIED [7] 8. DATE OF BIRTH IF UNDER 24 HPS IF UNDER TYEAR lost byrthday) 5 may 2 will haors Male Months Hours Min. WIDOWED [DIVORCED [7] ited within 24 hours after death flem 18. Give Pages 1, 2, and along with form PM3, Page 5 greenit. File pages 1 and 2, and in any event-within 72 ho 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12 CITZEN OF WHAT COUNTRY? Ukrain(D.P. Belichowka, Ukrain Auto Body Repair Mar 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Tetiana Semonenko Nickolai Welitschko Mr. Nickolaj Welitschko (Father) R.D.# Berlin, Maryland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (if yet ig ve war at dates of service) No 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEA. 4 1. DEATH WAS CAUSED BY: Crushed chest and fractured cervical spine Sudden IMMEDIATE CAUSE (6) DUE 70 Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stoting the underlying couse lost. D PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO M YES 🔲 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port L or Port II of Item 18.) Driver of car that ran off road and overturned Month, Boy, Year 20d. INJURY OCCURRED J20e. PLACE OF INJURY [Home, form, 120f. (City or lown) (County) (Stote) foctory, street, office bldg., etc.) While Not while of work 11-27-589 Md. Highway Salisbury Wicomico 21. I certify that I took charge of the remains described obave, held on Autopsy . Inspection X. Inquiry X. 0 0 Suicide [], opinion death resulted fram: Natural causes , Accident . Hamicide . Undetermined manner Ū secure the certific ishauld be farwa FUNERAL DIREC **DATE SIGNED** ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER Nov. Zs Dr. Earl L. Roye DEPUTY MEDICAL EXAMINER PA NAME (Type) 22d LOCATION (City, lown, or county) 220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) Maryland Evergreen Cemetery Nov. 30, 1958 Berlin. 0 ADDRESS 246 REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE 24c REC'D BY REGISTRAR VS. A15ME HOLLOWAY & COMPANY SALISBURY 5M 2/57



physician mave car haurs off

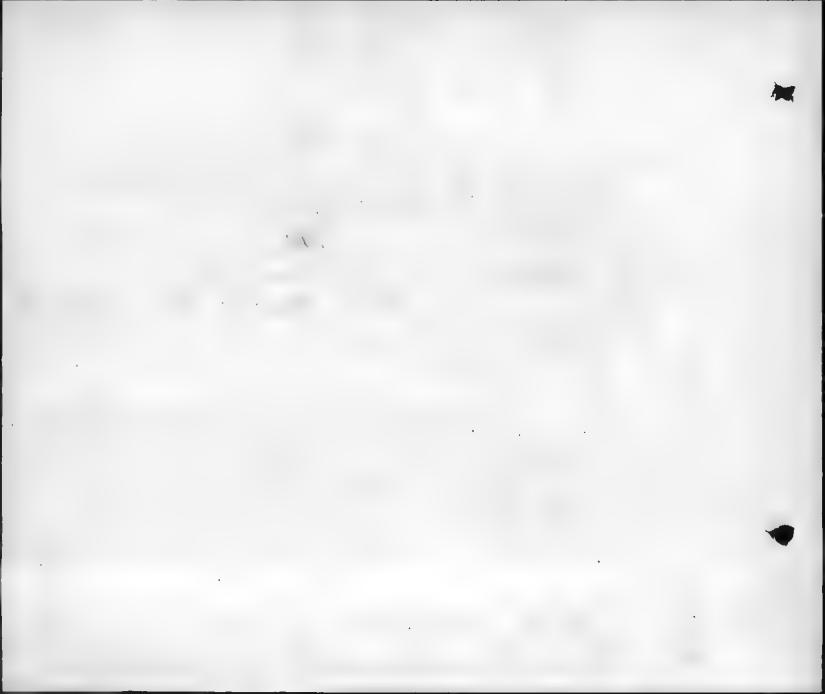
may be r FUNER,

0

VS A15 (4) 15M 10/57

egod

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE
HEALTH DEPT. The DEPUTY MEDICAL EXAMILEM This cartificore should be exacated within 24 hours after death. If any delay is necessary, please execute the certificate mining the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral direction Page 4 should be forward, to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you. The FUNERAL DIRECTOR: Page 3 should be used as a bunial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to barial, cremation, ar removal, and in any event within 72 hours after death. M I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINED'S CEDTIEICATE OF DEATH

19196

Callow S. Thous

		3113	DICAL	LAAMINE	K 3	CERTIFICAT	C OI DEF	Reg. Dist	I KP OT	41)
1,	PLACE OF DEATH	Wicomico	Vertically Commenced	1011		2. USUAL RESIDENCE (WI			ce before adm	
ī	ond give negress town)	Salisbur		LENGTH OF STAY IN	11Ь	C. CITY OR TOWN (IF C	oulside corporale lin	nits, write RURAL and a		own)
(. NAME OF HOSPITA	D.O.A. P			- 0 1	STREET ADDRESS R. E	2 # 2		ON	KESIDENCE A FARM? NO
	NAME OF DECEASED (Type or print)	PRES		LEE		WILKINS	4. DATE OF DEATH	NOVEMBER	Doy 13th	Year 58
	Male	6 COLOR OR RACE White	WIDOWED	DIVORCED		Mar. 28, 1910	9 AGE lost per	(hplay) Manufact D	YEAR IF UNE	Min.
100	during most of working Harmin	N (Give kind of wark of life, even if retired)	ione 10b KtND	of Business OR IN	IDUSTR	Powellv1			I S A	COUNTRY?
2		Wilkins	T. T. T.			Mary Elle	en Hales	minimized and a state of the st		
pres	No. ar unknown)	R IN U. S. ARMED FO	service)	ا بست مسيا	Mr.	Pittsvil).# 2	
	PART I. DEATH	H [Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 Part	o), (b), and (c)]		Oxelus	in		ONAT AND WE	ele_
	Conditions, if on				0	A demanded of Additional Assessment Security Co. (2)	NATURE OF B. SALE			
	(a), stating the v cause last.	nderlying DUE TO	-			**/***********************************				
CATION			-		***	OT RELATED TO THE TERMIN				AUTOPSY ORMED? NO X
L CERTIF	PRIMARY OF CON CAUSE OF DEATH.		1.00	*		ter nature of injury in Part 1				
MEDICA	20c. TIME OF INJUR Hour a.m p m	19	While of work [Not white	factor	E OF INJURY (Home, form, ry, street, office bldg., etc.)			γ)	(State)
		at I took charge resulted from: 1				e, held on Autopsy , Suicide , H		on A Inquiry Undetermined ma		nd in my
	ACTUAL SIGNATURE	Long 1	- L	Ve-		A D. CHIEF MEDICAL EXA				SIGNED
	EXAMINER'S Dr					ASSISTANT MEDICAL EX		Novemb	pen/×	/1958
220	BURIAL CREMATION REMOVAL (Specify) Buria	Nov.16,				mily Cemet	22d. LOCATION (CIL		, Mary	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		240. REC'D	BY REGISTRAR 2	46. REGISTRAR'S SIGN	ATURE	

MARYLAND

SALISBURY

VS. A15ME 5M 2/57

HOLLOWAY & COMPANY



MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
14	CEDTICICATE	OF	DEATH	

13126

Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY Wicomico b. COUNTY Maryland MARYLAND Queen Anne's CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Salisbury 1 vr.28 da. Pondtown, Millington P.O. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION
Deer's Head State Hospital ON A FARM? RFD 1 YES NO NAME OF Middle 4. DATE Month Dav DECEASED Carrie Wilson November (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost hirthdoy) July 5, Months Female Negro WIDOWED A DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Kent Co., Maryland USA Housework 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joe Woodland Isabelle Barrell IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address No Deer's Head State Hospital Records, Salisbury, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Cerebral thrombosis days DUE TO Arteriosclerosis, general Conditions, if ony, which Years gove tise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m Not while of work of work 21. I certify that I attended the deceased from Oct. to Nov. 12. 1958 that I last saw the deceased Nolv. , and that death accurred at 3:25P M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Salisbury, Maryland L. V. Maldve. PHYSICIAN'S Deer's Head State Hospital NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) Nov-17-1958 Union Cem Chestertown EUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE NOV 1 9 '58

Cirthur & Krous

TO FUNERAL DIRECT

	MATERIAL STATE CONSTRUCTION	
1000		
		marin selection of
-		
13 12		
11.4		
	¥_ X	1000000
	THE RESERVE	

TREES INDANO

VS A15 (4) 15M 9/55

	13115	CERTIFICA	ATE OF DEATH	ł	Reg. Dist. No.1 3 1 2 7
1	PLACE OF DEATH D. COUNTY Wi comico	MARYLAND	2. USUAL RESIDENCE (Who. STATE	b. COUN	totion: Residence before admission) ITY Wicomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside carporate limits, write	e RURAL and give nearest town)
7	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		a. IS RESIDENCE ON A FARM? YES NO D
3	Penisula General Hosy NAME OF DECEASED (Type or print) Alberta	Middle	Wright	4. DATE NO DEATH	Aonth Day Year 19 58
I	SEX 6. COLOR OR RACE 7. MAR. COLORD WIDOW On USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	ED DIVORCED	B. DATE OF BIRTH	20 51	F UNDER 1 YEAR IF UNDER 24 HRS.
1	Domestic 3. FATHER'S NAME		Mary Tane	NAME	U.S.A.
1	Colburn Wright 5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. 16. no. or unknown) (11 yes, give wor or dates of service)		Sarah Cro NFORMANT Deal	pper	Manyland
11011	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS	ica-ditis; hugs + hu	Cerrhosia A	This - a	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
)		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Port I or Part II of Item 18.)	
1000	20c. TIME OF INJURY Month, Day, Year Hour e. m. 19 While at war	Not while fo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
	21. I certify that I attended the decease alive an 12. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Hall Control of the I	ed fram. 10 163, Se , and that death			5Sthat I last saw the deceaseds and an the date stated above DATE SIGNED BY STATE STATES
	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BUTIAL 11/9/58	Mt. Colver		22d. LOCATION (City, low	
2	Ellertun A Stewa	A Lalisley	Sile DATE		CLUM & HOUSE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

